

SERFF Tracking Number:	STNA-125573294	State:	Arkansas
Filing Company:	State National Insurance Company Inc.	State Tracking Number:	#102189 \$50
Company Tracking Number:	SNIC-CA-LG-AR-08-01-F		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	The LG Program		
Project Name/Number:	SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F		

Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: The LG Program

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

SERFF Tr Num: STNA-125573294

SERFF Status: Closed

Co Tr Num: SNIC-CA-LG-AR-08-01-F

Co Status:

Author: Ines Piquet

Date Submitted: 03/24/2008

State: Arkansas

State Tr Num: #102189 \$50

State Status: Fees verified and received

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Disposition Date: 04/30/2008

Disposition Status: Approved

Effective Date Requested (New): 04/24/2008

Effective Date Requested (Renewal): 04/24/2008

Effective Date (New): 04/24/2008

Effective Date (Renewal):

04/24/2008

State Filing Description:

General Information

Project Name: SNIC-CA-LG-AR-08-01-F

Project Number: SNIC-CA-LG-AR-08-01-F

Reference Organization: Insurance Services Office

Reference Title:

Filing Status Changed: 04/30/2008

State Status Changed: 03/31/2008

Corresponding Filing Tracking Number: SNIC-CA-LG-AR-08-01-R (exempt)

Filing Description:

On behalf of State National Insurance Company ("the Company"), we are submitting this filing to introduce "The LG Program". The policy language for this program will be based on all currently approved Insurance Services Office ("ISO") forms. See enclosed filing memorandum for further details. The corresponding rates and rules are exempt from filing requirements per AR statute 23-67-206.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number: All currently approved forms.

Advisory Org. Circular:

Deemer Date:

<i>SERFF Tracking Number:</i>	<i>STNA-125573294</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#102189 \$50</i>
<i>Company Tracking Number:</i>	<i>SNIC-CA-LG-AR-08-01-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>The LG Program</i>		
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The Company respectfully requests that this new program be implemented for all policies effective April 24, 2008.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

Ines Piquet, Regulatory Compliance Mgr (P&K) doi@perrknight.com
 881 Alma Real Drive, Suite 205 (310) 230-9339 [Phone]
 Pacific Palisades, CA 90272 (310) 230-8529[FAX]

Filing Company Information

State National Insurance Company Inc.	CoCode: 12831	State of Domicile: Texas
8200 Anderson Boulevard	Group Code: 93	Company Type: Property & Casualty
Fort Worth, TX 76120	Group Name:	State ID Number:
(800) 877-4567 ext. [Phone]	FEIN Number: 75-1980552	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR charges \$50.00 per form submission.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State National Insurance Company Inc.	\$0.00	03/24/2008	

<i>SERFF Tracking Number:</i>	<i>STNA-125573294</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>SNIC-CA-LG-AR-08-01-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>The LG Program</i>		
<i>Project Name/Number:</i>	<i>SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F</i>		

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
102189	\$50.00	03/19/2008

SERFF Tracking Number:	STNA-125573294	State:	Arkansas
Filing Company:	State National Insurance Company Inc.	State Tracking Number:	#102189 \$50
Company Tracking Number:	SNIC-CA-LG-AR-08-01-F		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	The LG Program		
Project Name/Number:	SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	04/30/2008	04/30/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Llyweyia Rawlins	04/23/2008	04/23/2008	Ines Piquet	04/29/2008	04/29/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Missing Form	Note To Filer	Llyweyia Rawlins	04/10/2008	04/10/2008

<i>SERFF Tracking Number:</i>	<i>STNA-125573294</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#102189 \$50</i>
<i>Company Tracking Number:</i>	<i>SNIC-CA-LG-AR-08-01-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>The LG Program</i>		
<i>Project Name/Number:</i>	<i>SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F</i>		

Disposition

Disposition Date: 04/30/2008

Effective Date (New): 04/24/2008

Effective Date (Renewal): 04/24/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STNA-125573294 State: Arkansas

Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50

Company Tracking Number: SNIC-CA-LG-AR-08-01-F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: The LG Program

Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms List, Filing Memo & Letter of Authorization	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	Business Auto Declarations	Approved	Yes
Form	Schedule Of Miscellaneous Auto Changes	Approved	Yes
Form	Business Auto Physical Damage Declarations	Approved	Yes
Form	Common Policy Change Endorsement	Approved	Yes
Form	Common Policy Declarations	Approved	Yes
Form	Schedule Of Forms And Endorsements	Approved	Yes
Form	Business Auto Coverage Form Declarations	Approved	Yes
Form	Composite Rate Endorsement	Approved	Yes
Form	Rental/Lease Agreement Endorsement	Approved	Yes
Form	Business Auto Coverage Form Endorsement	Approved	Yes
Form	Model Year Restriction Endorsement	Approved	Yes
Form	Renewal Endorsement - Business Auto Coverage Part	Approved	Yes
Form	Amendment Of Limit Of Liability	Approved	Yes
Form	Additional Insured Endorsement	Approved	Yes
Form	Deposit Premium Endorsement	Approved	Yes
Form	Multiple Location Endorsement	Approved	Yes
Form	Liability Limits Endorsement	Approved	Yes
Form	Multiple State Limit of Liability Endorsement	Approved	Yes
Form	Conformity To Statute, Procedure Or Rule Endorsement - Business Auto Coverage Part	Approved	Yes
Form	Physical Damage Limit Endorsement - Business Auto Coverage Form	Approved	Yes

SERFF Tracking Number:	STNA-125573294	State:	Arkansas
Filing Company:	State National Insurance Company Inc.	State Tracking Number:	#102189 \$50
Company Tracking Number:	SNIC-CA-LG-AR-08-01-F		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	The LG Program		
Project Name/Number:	SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F		

Form	Definition Of Auto Endorsement - Business Auto Coverage	Approved	Yes
Form	Additional Physical Damage Coverage Exclusions Endorsement - Business Auto Coverage	Approved	Yes
Form	Additional Liability Coverage Exclusions Endorsement - Business Auto Coverage Form	Approved	Yes
Form	Specified Physical Damage Coverage Endorsement - Business Auto Coverage Part	Approved	Yes
Form	Physical Damage Coverage Endorsement - Business Auto Coverage Part	Approved	Yes
Form	Newly Acquired Vehicle Endorsement – Reporting - Business Auto Coverage Form	Approved	Yes
Form	Newly Acquired Vehicle Endorsement – Scheduled - Business Auto Coverage Form	Approved	Yes
Form	Description Of Covered Auto Designation Symbols Endorsement - Business Auto Coverage Form	Approved	Yes
Form	Garage Coverage Form - Auto Dealers' Supplementary Schedule	Approved	Yes
Form	Schedule Of Covered Autos You Own - Dealers	Approved	Yes
Form	Auto Dealers' Schedule Of Changes	Approved	Yes
Form	Garage Declarations	Approved	Yes
Form	Schedule of Miscellaneous Garage Changes	Approved	Yes
Form	Installment Schedule	Approved	Yes
Form	Form F - Uniform Motor Carrier Bodily Injury And Property Damage Liability Insurance Endorsement	Approved	Yes
Form	Non Trucking Liability Endorsement - Arkansas	Approved	Yes
Form	Special Named Insured Endorsemen	Approved	Yes

SERFF Tracking Number: STNA-125573294 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50
Company Tracking Number: SNIC-CA-LG-AR-08-01-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: The LG Program
Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

Form	Driver Schedule	Approved	Yes
Form	Lessee Schedule	Approved	Yes
Form	Surcharge/Tax Summary Endorsement	Approved	Yes
Form	Aggregate Retention/Deductible Endorsement	Approved	Yes
Form	Schedule Of Covered Autos	Approved	Yes
Form	Endorsement Schedule	Approved	Yes
Form	Additional Insured - Lessor	Approved	Yes
Form	Loss Payable Clause	Approved	Yes
Form	Canadian Filing Schedule	Approved	Yes
Form	Additional Insured - Shipper	Approved	Yes
Form	Truckers Coverage Form Coverage Change Endorsement	Approved	Yes
Form	Surcharge/Tax For Miscellaneous Coverages	Approved	Yes
Form	Declarations - Business Auto Physical Damage Policy - Coverage Change Endorsement	Approved	Yes
Form	Inspection Notice	Approved	Yes
Form	Additional Policy Definitions	Approved	Yes
Form	Schedule Rating Credits/Debits	Approved	Yes
Form	Dumping Endorsement	Approved	Yes
Form	Additional Insured - Shipper	Approved	Yes
Form	Additional Insured - Broker	Approved	Yes
Form	Additional Insured - Broker	Approved	Yes
Form	Additional Insured	Approved	Yes
Form	Additional Insured - Equipment Provider List	Approved	Yes
Form	Retrospective Endorsement	Approved	Yes
Form	Catastrophic Loss Endorsemen	Approved	Yes
Form	Policy Reporting Form	Approved	Yes
Form	Shipping Container Limitation	Approved	Yes
Form	Notice - Fraud Statement	Approved	Yes

SERFF Tracking Number: STNA-125573294 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50
Company Tracking Number: SNIC-CA-LG-AR-08-01-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: The LG Program
Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

Form	Trailer Unhooked Coverage	Approved	Yes
Form	Trailer Liability Coverage Endorsement	Approved	Yes
Form	Punitive, Exemplary and Extracontractual Damage Exclusion	Approved	Yes
Form	Aggregate Deductible Endorsement - (Per Accident Basis)	Approved	Yes
Form	Automobile - Owner Only Leased Vehicle Excess Liability Coverage Follow Form (Difference Between Underlying Coverage And \$1,000,000 Csl)	Approved	Yes
Form	Automobile - Owner Only Leased Vehicle Excess Liability Coverage Follow Form (Difference Between Underlying Coverage And \$500,000 Csl)	Approved	Yes
Form	Excess To Include Interim Car Endorsement	Approved	Yes
Form	Leasing Concerns – Interim Coverage	Approved	Yes
Form	Leasing Concerns – Lessors Contingent Liability Coverage	Approved	Yes
Form	Leasing Concerns – Contingent - Physical Damage Coverage	Approved	Yes
Form	Trailer Interchange Coverage	Approved	Yes
Form	Countersignature Endorsement	Approved	Yes
Form	Named Insured Continuation Endorsement	Approved	Yes
Form	Change Endorsement #	Approved	Yes
Form	Premium Payment Notice	Approved	Yes
Form	Exclusion Of Driver Endorsement	Approved	Yes
Form	Liability Deductible Claims Security Agreement	Approved	Yes
Form	Liability Deductible Claims Security Agreement – Specified Driver	Approved	Yes
Form	Couriers – Special Provisions	Approved	Yes
Form	Business Auto Policy Declarations	Approved	Yes
Form	Automobile-Owner Only Leased Vehicle Excess Liability Declarations Follow Form	Approved	Yes

SERFF Tracking Number: STNA-125573294 State: Arkansas

Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50

Company Tracking Number: SNIC-CA-LG-AR-08-01-F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: The LG Program

Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

Form	Schedule Of Covered Autos You Own	Approved	Yes
Form	Schedule Of Location Changes	Approved	Yes
Form	Schedule Of Locations	Approved	Yes
Form	Schedule Of Loss Payee(S)	Approved	Yes
Form	Signature Page	Approved	Yes
Form	Automobile Excess Rental Liability Policy	Approved	Yes
Form	Automobile Excess Rental Liability Policy	Approved	Yes
	Declarations		
Form	Automobile Excess Rental Liability	Approved	Yes
	Supplemental Policy Declarations		
Form	Endorsement	Approved	Yes
Form	Endorsement For Motor Carrier Policies	Approved	Yes
	Of Insurance For Public Liability Under		
	Sections 29 And 30 Of The Motor Carrier		
	Act Of 1980		
Form	Endorsement For Motor Carrier Policies	Approved	Yes
	Of Insurance For Public Liability Under		
	Section 18 Of The Bus Regulatory		
	Reform Act Of 1982		
Form	Schedule Of Named Insured(S)	Approved	Yes
Form	Non Trucking Liability Policy Declarations	Approved	Yes
Form	Business Auto Non-Trucking Liability	Approved	Yes
	Coverage Form		
Form	Non Trucking Package Declarations	Approved	Yes
Form	Endorsement For Motor Carrier Policies	Approved	Yes
	Of Insurance For Automobile Bodily Injury		
	And Property Damage Liability Under		
	Section 10927, Title 49 Of The United		
	States Code		
Form	Truckers Policy Declarations	Approved	Yes
Form	Primary Auto Package Declarations	Approved	Yes
Form	Primary Auto Package Declarations	Approved	Yes
Form	Truckers Coverage Part Declarations	Approved	Yes
Form	Business Auto Coverage Part	Approved	Yes
	Declarations		

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<i>Company Tracking Number:</i>	<i>SNIC-CA-LG-AR-08-01-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>The LG Program</i>		
<i>Project Name/Number:</i>	<i>SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F</i>		

Form	Schedule Of Taxes, Surcharges Or Fees	Approved	Yes
	Changes		
Form	Schedule Of Taxes, Surcharges Or Fees	Approved	Yes
Form	Truckers Declarations	Approved	Yes
Form	NOTICE OF CANCELLATION OF INSURANCE	Approved	Yes

SERFF Tracking Number: STNA-125573294 State: Arkansas
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Company Tracking Number: SNIC-CA-LG-AR-08-01-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: The LG Program
Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/23/2008
Submitted Date 04/23/2008
Respond By Date 05/01/2008

Dear Ines Piquet,

There are some clauses on your forms that need to be implemented.

The appraisal clause(s) found in this filing should be amended to comply with Ark. Code Ann. §23- 79-203 and Arkansas Bulletin No. 19-89. The clause(s) must specifically state it is non-binding and voluntary.

Bulletin 3A-87 requires a minimum limits notification on all auto liability policies.

Thank You
Llyweyia Rawlins

Please feel free to contact me if you have questions.

Sincerely,
Llyweyia Rawlins

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/29/2008
Submitted Date 04/29/2008

Dear Llyweyia Rawlins,

Comments:

Response 1

Comments: Thank you for your continued review of this filing. On behalf of State National Insurance Company Inc. , we are providing the following response to your concerns.

The company will attach the ISO form Arkansas Changes CA 0162 10 07 to every policy, which provides the non-binding and voluntary language.

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<i>Company Tracking Number:</i>	<i>SNIC-CA-LG-AR-08-01-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>The LG Program</i>		
<i>Project Name/Number:</i>	<i>SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F</i>		

Attached is a sample cancellation letter with the minimum limits notification on it.

We trust that this additional information will allow you to continue your review of this filing.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
NOTICE OF CANCELLATION OF INSURANCE	CC969706 AR52001		Disclosure/Notice	New			AR ODEN notice.pdf

No Rate/Rule Schedule items changed.

Sincerely,
Ines Piquet

SERFF Tracking Number: *STNA-125573294* *State:* *Arkansas*
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TOI: *20.0 Commercial Auto* *Sub-TOI:* *20.0001 Business Auto*
Product Name: *The LG Program*
Project Name/Number: *SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F*

Note To Filer

Created By:

Llyweyia Rawlins on 04/10/2008 10:27 AM

Subject:

Missing Form

Comments:

Hello Ines

I have started reviewing your filing, and have noticed you are missing the Property and Casualty Transmittal Document. Please complete this required form by April 15th so I can finish reviewing your filing.

Thank You

Llyweyia Rawlins

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Company Tracking Number: SNIC-CA-LG-AR-08-01-F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: The LG Program

Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	S 2000 01 08	01 08	Other	New			S 2000 01 08 Policy Jacket.pdf
Approved	Business Auto Declarations	AU-DEC C/W 03 06	03 06	Declaration	New s/Schedule			AU-DEC-CW 03 06.pdf
Approved	Schedule Of Miscellaneous Auto Changes	AU-MISC (01/ 97)	01 97	Declaration	New s/Schedule			AU-MISC 01 97.pdf
Approved	Business Auto Physical Damage Declarations	BAP 0006 07 01	07 01	Declaration	New s/Schedule			BAP 0006 0701.pdf
Approved	Common Policy Change Endorsement	CO- CHANGE S (01/97)	01 97	Declaration	New s/Schedule			CO- CHANGES 01 97.pdf
Approved	Common Policy Declarations	CO-DEC (07/ 01)	07 01	Declaration	New s/Schedule			CO-DEC 07 01.pdf
Approved	Schedule Of Forms And Endorsements	FORM- SCHED (01/97)	01 97	Declaration	New s/Schedule			FORM- SCHED 01 97.pdf
Approved	Business Auto Coverage Form Declarations	GMI 0001 01 00	01 00	Declaration	New s/Schedule			GMI 0001 0100.pdf
Approved	Composite Rate Endorsement	GMI 1000 01 00	01 00	Endorseme nt/Amendm ent/Condi ti ons	New			GMI 1000 0100.pdf
Approved	Rental/Lease Agreement Endorsement	GMI 1001 01 00	01 00	Endorseme nt/Amendm ent/Condi ti ons	New			GMI 1001 0100.pdf
Approved	Business Auto Coverage Form Endorsement	GMI 1002 05 05	05 05	Endorseme nt/Amendm ent/Condi ti	New			GMI 1002 05 05.pdf

SERFF Tracking Number: STNA-125573294 State: Arkansas

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Company Tracking Number: SNIC-CA-LG-AR-08-01-F

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Product Name: The LG Program

Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

ons				
Approved	Model Year	GMI 1003 01 00	Endorseme New	GMI 1003
	Restriction	01 00	nt/Amendm	0100.pdf
	Endorsement		ent/Condi	
ons				
Approved	Renewal	GMI 1005 05 05	Endorseme New	GMI 1005 05
	Endorsement -	05 05	nt/Amendm	05.pdf
	Business Auto		ent/Condi	
	Coverage Part		ons	
Approved	Amendment Of	GMI 1007 01 00	Endorseme New	GMI 1007
	Limit Of Liability	01 00	nt/Amendm	0100.pdf
			ent/Condi	
ons				
Approved	Additional	GMI 1008 01 00	Endorseme New	GMI 1008
	Insured	01 00	nt/Amendm	0100.pdf
	Endorsement		ent/Condi	
ons				
Approved	Deposit Premium	GMI 1009 01 00	Endorseme New	GMI 1009
	Endorsement	01 00	nt/Amendm	0100.pdf
			ent/Condi	
ons				
Approved	Multiple Location	GMI 1011 01 00	Endorseme New	GMI 1011
	Endorsement	01 00	nt/Amendm	0100.pdf
			ent/Condi	
ons				
Approved	Liability Limits	GMI 1012 01 00	Endorseme New	GMI 1012
	Endorsement	01 00	nt/Amendm	0100.pdf
			ent/Condi	
ons				
Approved	Multiple State	GMI 1015 01 00	Endorseme New	GMI 1015
	Limit of Liability	0100	nt/Amendm	0100.pdf
	Endorsement		ent/Condi	
ons				
Approved	Conformity To	GMI 1021 05 05	Endorseme New	GMI 1021 05
	Statute,	05 05	nt/Amendm	05.pdf
	Procedure Or		ent/Condi	
	Rule		ons	
	Endorsement -			

SERFF Tracking Number: STNA-125573294 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50
Company Tracking Number: SNIC-CA-LG-AR-08-01-F
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Business Auto
Coverage Part

Approved	Physical Damage GMI 1022 05 05 Limit 05 05 Endorsement - Business Auto Coverage Form	Endorseme New nt/Amendm ent/Condi tions	GMI 1022 05 05.pdf
Approved	Definition Of Auto GMI 1023 05 05 Endorsement - 05 05 Business Auto Coverage	Endorseme New nt/Amendm ent/Condi tions	GMI 1023 05 05.pdf
Approved	Additional GMI 1024 06 05 Physical Damage 06 05 Coverage Exclusions Endorsement - Business Auto Coverage	Endorseme New nt/Amendm ent/Condi tions	GMI 1024 06 05.pdf
Approved	Additional GMI 1025 05 05 Liability Coverage 05 05 Exclusions Endorsement - Business Auto Coverage Form	Endorseme New nt/Amendm ent/Condi tions	GMI 1025 05 05.pdf
Approved	Specified GMI 1026 05 05 Physical Damage 05 05 Coverage Endorsement - Business Auto Coverage Part	Endorseme New nt/Amendm ent/Condi tions	GMI 1026 05 05.pdf
Approved	Physical Damage GMI 1027 05 05 Coverage 0505 Endorsement - Business Auto Coverage Part	Endorseme New nt/Amendm ent/Condi tions	GMI 1027 05 05.pdf
Approved	Newly Acquired GMI 1028 05 05 Vehicle 05 05 Endorsement –	Endorseme New nt/Amendm ent/Condi	GMI 1028 05 05.pdf

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Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50

Company Tracking Number: SNIC-CA-LG-AR-08-01-F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: The LG Program

Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

	Reporting - Business Auto Coverage Form		ons	
Approved	Newly Acquired Vehicle Endorsement – Scheduled - Business Auto Coverage Form	GMI 1029 05 05 05 05	Endorseme New nt/Amendm ent/Condi ons	GMI 1029 05 05.pdf
Approved	Description Of Covered Auto Designation Symbols Endorsement - Business Auto Coverage Form	GMI 1031 05 05 0505	Endorseme New nt/Amendm ent/Condi ons	GMI 1031 05 05.pdf
Approved	Garage CoverageGR- Form - Auto Dealers' Supplementary Schedule	GR- 03 06 DEALER SUPP C/W 03 06	Declaration New s/Schedule	GR-DEALER SUPP-CW 03 06.pdf
Approved	Schedule Of Covered Autos You Own - Dealers	GR- 04 05 DEALER AUTOS- CW 04 05	Declaration New s/Schedule	GR-DEALER AUTOS-CW 04 05.pdf
Approved	Auto Dealers' Schedule Of Changes	GR- 01 05 DEALER- CHG (1)- CW (01/05)	Declaration New s/Schedule	GR- DEALER- CHG-CW 01 05.pdf
Approved	Garage Declarations	GR-DEC 03 06 C/W 03 06	Declaration New s/Schedule	GR-DEC- CW 03 06.pdf
Approved	Schedule of Miscellaneous Garage Changes	GR-MISC 01 97 CHANGE S (01/97)	Declaration New s/Schedule	GR-MISC CHANGES 01 97.pdf
Approved	Installment Schedule	INSTSCH 01 02 D (01/02)	Declaration New s/Schedule	INSTSCHD 01 02.pdf

SERFF Tracking Number: STNA-125573294 State: Arkansas

Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50

Company Tracking Number: SNIC-CA-LG-AR-08-01-F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: The LG Program

Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

Approved	Form F - Uniform IRB		Endorseme New	IRB 3538A
	Motor Carrier	3538A	nt/Amendm	0492.pdf
	Bodily Injury And		ent/Condi	
	Property Damage		ons	
	Liability			
	Insurance			
	Endorsement			
Approved	Non Trucking	L 1014 07 07 97	Endorseme New	L 1014 0797
	Liability	97	nt/Amendm	AR.pdf
	Endorsement -		ent/Condi	
	Arkansas		ons	
Approved	Special Named	L 1024 09 09 95	Endorseme New	L 1024
	Insured	95	nt/Amendm	0995.pdf
	Endorsemen		ent/Condi	
			ons	
Approved	Driver Schedule	L 1025 02 02 92	Declaration New	L 1025
		92	s/Schedule	0292.pdf
Approved	Lessee Schedule	L 1038 01 01 90	Declaration New	L 1038
		90	s/Schedule	0190.pdf
Approved	Surcharge/Tax	L 1041 03 03 94	Endorseme New	L 1041
	Summary	94	nt/Amendm	0394.pdf
	Endorsement		ent/Condi	
			ons	
Approved	Aggregate	L 1050 10 01	Endorseme New	L 1050
	Retention/Deducti	1001	nt/Amendm	1001.pdf
	ble Endorsement		ent/Condi	
			ons	
Approved	Schedule Of	L 1063 11 11 05	Declaration New	L 1063 11
	Covered Autos	05	s/Schedule	05.pdf
Approved	Endorsement	L 1064 07 07 91	Declaration New	L 1064
	Schedule	91	s/Schedule	0791.pdf
Approved	Additional	L 1071 07 07 01	Declaration New	L 1071
	Insured - Lessor	01	s/Schedule	0701.pdf
Approved	Loss Payable	L 1074 07 07 01	Declaration New	L 1074
	Clause	01	s/Schedule	0701.pdf
Approved	Canadian Filing	L 1079 01 01 96	Endorseme New	L 1079
	Schedule	96	nt/Amendm	0196.pdf
			ent/Condi	

SERFF Tracking Number: STNA-125573294 State: Arkansas
 Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50
 Company Tracking Number: SNIC-CA-LG-AR-08-01-F
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: The LG Program
 Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

ons			
Approved	Additional Insured - Shipper	L 1081 07 07 95	Endorsement/Amendment/Conditions New L 1081 0795.pdf
Approved	Truckers Coverage Form Change Endorsement	L 1083 07 07 01	Endorsement/Amendment/Conditions New L 1083 0701.pdf
Approved	Surcharge/Tax For Miscellaneous Coverages	L 1095 02 02 93	Endorsement/Amendment/Conditions New L 1095 0293.pdf
Approved	Declarations - Business Auto Physical Damage Policy - Coverage Change Endorsement	L 1097 07 07 01	Endorsement/Amendment/Conditions New L 1097 0701.pdf
Approved	Inspection Notice	L 1140 01 01 99	Disclosure/ New Notice L 1140 0199.pdf
Approved	Additional Policy Definitions	L 1154 02 02 96	Policy/Coverage Form New L 1154 0296.pdf
Approved	Schedule Rating Credits/Debits	L 1170 02 02 95	Declaration New L 1170 0295.pdf
Approved	Dumping Endorsement	L 1183 06 06 01	Endorsement/Amendment/Conditions New L 1183 0601.pdf
Approved	Additional Insured - Shipper	L 1190 07 07 95	Endorsement/Amendment/Conditions New L 1190 0795.pdf
Approved	Additional Insured - Broker	L 1191 07 95	Endorsement/Amendment/Conditions New L 1191 0795.pdf

SERFF Tracking Number: STNA-125573294 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50
Company Tracking Number: SNIC-CA-LG-AR-08-01-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: The LG Program
Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

Approved	Additional Insured - Broker	L 1192 07 07 95 95	Endorsement New nt/Amendment/Conditions	L 1192 0795.pdf
Approved	Additional Insured	L 1218 12 12 95 95 A	Endorsement New nt/Amendment/Conditions	L 1218 1295 A.pdf
Approved	Additional Insured - Equipment Provider List	L 1219 03 03 99 99	Endorsement New nt/Amendment/Conditions	L 1219 0399.pdf
Approved	Retrospective Endorsement	L 1220 12 12 95 95	Endorsement New nt/Amendment/Conditions	L 1220 1295.pdf
Approved	Catastrophic Loss Endorsement	L 1228 07 07 97 97	Endorsement New nt/Amendment/Conditions	L 1228 0797.pdf
Approved	Policy Reporting Form	L 1249 11 11 06 06	Declaration New s/Schedule	L 1249 1106.pdf
Approved	Shipping Container Limitation	L 1401 01 01 98 98	Endorsement New nt/Amendment/Conditions	L 1401 0198.pdf
Approved	Notice - Fraud Statement	L 1404 0505 95 95	Disclosure/ New Notice	L 1404 0595.pdf
Approved	Trailer Unhooked Coverage	L 1414 03 03 97 97	Endorsement New nt/Amendment/Conditions	L 1414 0397.pdf
Approved	Trailer Liability Coverage Endorsement	L 1415 09 09 06 06	Endorsement New nt/Amendment/Conditions	L 1415 09 06.pdf
Approved	Punitive, Exemplary and	L 1439 07 07 97 97	Endorsement New nt/Amendment	L 1439 0797.pdf

SERFF Tracking Number: STNA-125573294 State: Arkansas

Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50

Company Tracking Number: SNIC-CA-LG-AR-08-01-F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: The LG Program

Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

	Extracontractual		ent/Condi	
	Damage		ons	
	Exclusion			
Approved	Aggregate	L 1450 05 05 06	Endorseme New	L 1450
	Deductible	06	nt/Amendm	0506.pdf
	Endorsement -		ent/Condi	
	(Per Accident		ons	
	Basis)			
Approved	Automobile -	L 1500 05 05 05	Endorseme New	L 1500 05
	Owner Only	05	nt/Amendm	05.pdf
	Leased Vehicle		ent/Condi	
	Excess Liability		ons	
	Coverage Follow			
	Form (Difference			
	Between			
	Underlying			
	Coverage And			
	\$1,000,000 Csl)			
Approved	Automobile -	L 1501 05 05 05	Endorseme New	L 1501 05
	Owner Only	05	nt/Amendm	05.pdf
	Leased Vehicle		ent/Condi	
	Excess Liability		ons	
	Coverage Follow			
	Form (Difference			
	Between			
	Underlying			
	Coverage And			
	\$500,000 Csl)			
Approved	Excess To	L 1502 09 09 03	Endorseme New	L 1502 09
	Include Interim	03	nt/Amendm	03.pdf
	Car Endorsement		ent/Condi	
			ons	
Approved	Leasing	L 1503 09 09 03	Endorseme New	L 1503 09
	Concerns –	03	nt/Amendm	03.pdf
	Interim Coverage		ent/Condi	
			ons	
Approved	Leasing	L 1504 09 09 03	Endorseme New	L 1504 09
	Concerns –	03	nt/Amendm	03.pdf

SERFF Tracking Number: STNA-125573294 State: Arkansas

Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50

Company Tracking Number: SNIC-CA-LG-AR-08-01-F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: The LG Program

Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

	Lessors		ent/Condi	
	Contingent		ons	
	Liability Coverage			
Approved	Leasing	L 1505 09 09 03	Endorseme New	L 1505 09
	Concerns –	03	nt/Amendm	03.pdf
	Contingent -		ent/Condi	
	Physical Damage		ons	
	Coverage			
Approved	Trailer	L 2005 06 06 92	Endorseme New	L 2005
	Interchange	92	nt/Amendm	0692.pdf
	Coverage		ent/Condi	
			ons	
Approved	Countersignature	L 2007 08 08 95	Endorseme New	L 2007
	Endorsement	95	nt/Amendm	0895.pdf
			ent/Condi	
			ons	
Approved	Named Insured	L 6002 02 02 92	Endorseme New	L 6002
	Continuation	92	nt/Amendm	0292.pdf
	Endorsement		ent/Condi	
			ons	
Approved	Change	L 6023 09 09 01	Endorseme New	L 6023
	Endorsement #	01	nt/Amendm	0901.pdf
			ent/Condi	
			ons	
Approved	Premium	L 6055 01 01 94	Endorseme New	L 6055
	Payment Notice	94	nt/Amendm	0194.pdf
			ent/Condi	
			ons	
Approved	Exclusion Of	L 6062 11 11 95	Endorseme New	L 6062
	Driver	95	nt/Amendm	1195.pdf
	Endorsement		ent/Condi	
			ons	
Approved	Liability	L 6089 03 03 04	Endorseme New	L 6089 03
	Deductible	04	nt/Amendm	04.pdf
	Claims Security		ent/Condi	
	Agreement		ons	
Approved	Liability	L 6097 03 03 07	Endorseme New	L 6097
	Deductible	07	nt/Amendm	0207.pdf

SERFF Tracking Number: STNA-125573294 State: Arkansas
 Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50
 Company Tracking Number: SNIC-CA-LG-AR-08-01-F
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
 Product Name: The LG Program
 Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

	Claims Security Agreement – Specified Driver			ent/Condi ons	
Approved	Couriers – Special Provisions	LCA 01 0004 03 04 03	Endorseme New nt/Amendm ent/Condi ons		LCA 0100 0403.pdf
Approved	Business Auto Policy Declarations	LGCA CI01 09 03	Declaration New s/Schedule		LGCA CI01 09 03.pdf
Approved	Automobile- Owner Only Leased Vehicle Excess Liability Declarations Follow Form	LGCA EX01 09 03	Declaration New s/Schedule		LGCA EX01 09 03.pdf
Approved	Schedule Of Covered Autos You Own	LGIC CA SCHED 09 03	Declaration New s/Schedule		__LGIC CA SCHED 06 07.pdf
Approved	Schedule Of Location Changes	LOC- CHNGS (01/97)	Declaration New s/Schedule		LOC- CHNGS 01 97.pdf
Approved	Schedule Of Locations	LOC- SCHED (01/97)	Declaration New s/Schedule		LOC- SCHED 01 97.pdf
Approved	Schedule Of Loss Payee(S)	LOSS- PAYEE (01/97)	Declaration New s/Schedule		LOSS- PAYEE 01 97.pdf
Approved	Signature Page	L-SIG01 10 06	Other New		L-SIG01 10 06.pdf
Approved	Automobile Excess Rental Liability Policy	LSLI 0002 12 03	Policy/CoveNew rage Form		LSLI 0002 12 03.pdf
Approved	Automobile Excess Rental Liability Policy Declarations	LSLI DS00 11 03	Declaration New s/Schedule		LSLI DS00 11 03.pdf
Approved	Automobile	LSLI 11 03	Declaration New		LSLI DS01

SERFF Tracking Number: STNA-125573294 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50
Company Tracking Number: SNIC-CA-LG-AR-08-01-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: The LG Program
Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

	Excess Rental	DS01 11	s/Schedule	11 03.pdf
	Liability	03		
	Supplemental			
	Policy			
	Declarations			
Approved	Endorsement	MAN-AU 01 02 01 02	Endorseme New nt/Amendm ent/Condi ons	MAN-AU 01 02 .pdf
Approved	Endorsement For	MCS-90 04 00	Endorseme New	MCS-90 04
	Motor Carrier	04 00	nt/Amendm	00.pdf
	Policies Of	(OMB	ent/Condi	
	Insurance For	2126-	ons	
	Public Liability	0008)		
	Under Sections			
	29 And 30 Of The			
	Motor Carrier Act			
	Of 1980			
Approved	Endorsement For	MCS-90B 04 00	Endorseme New	MCS-90B 04
	Motor Carrier	04 00	nt/Amendm	00.pdf
	Policies Of	(OMB	ent/Condi	
	Insurance For	2126-	ons	
	Public Liability	0008)		
	Under Section 18			
	Of The Bus			
	Regulatory			
	Reform Act Of			
	1982			
Approved	Schedule Of	NI- 01 97	Declaration New	NI-SCHED
	Named	SCHED	s/Schedule	01 97.pdf
	Insured(S)	(01/97)		
Approved	Non Trucking	NTL 0004 07 01	Declaration New	NTL 0004
	Liability Policy	07 01	s/Schedule	0701.pdf
	Declarations			
Approved	Business Auto	NTL 1002 02 96	Policy/CoveNew	NTL 1002
	Non-Trucking	02 96	rage Form	0296.pdf
	Liability Coverage			
	Form			

SERFF Tracking Number: STNA-125573294 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50
Company Tracking Number: SNIC-CA-LG-AR-08-01-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: The LG Program
Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

Approved	Non Trucking Package Declarations	NTP 0005 07 01 07 01	Declaration New s/Schedule	NTP 0005 0701.pdf
Approved	Endorsement For Motor Carrier Policies Of Insurance For Automobile Bodily Injury And Property Damage Liability Under Section 10927, Title 49 Of The United States Code	OMB 31201982 0086 (Form B.M.C. 90 Rev. 1982)	Endorseme New nt/Amendm ent/Condi tions	OMB 3120 0086.pdf
Approved	Truckers Policy Declarations	PAP 0002 07 01 07 01	Declaration New s/Schedule	PAP 0002 0701.pdf
Approved	Primary Auto Package Declarations	PAP 0002 08 01 08 01	Declaration New s/Schedule	PAP 0002 0801.pdf
Approved	Primary Auto Package Declarations	PAP 0003 07 01 07 01	Declaration New s/Schedule	PAP 0003 0701.pdf
Approved	Truckers Coverage Part Declarations	PAP 0004 07 01 07 01	Declaration New s/Schedule	PAP 0004 0701 .pdf
Approved	Business Auto Coverage Part Declarations	PAP 0005 07 01 07 01	Declaration New s/Schedule	PAP 0005 0701.pdf
Approved	Schedule Of Taxes, Surcharges Or Fees Changes	TAX- 01 97 CHNGS (01/97)	Declaration New s/Schedule	TAX- CHNGS 01 97.pdf
Approved	Schedule Of Taxes, Surcharges Or Fees	TAX- 01 97 FORM (01/ 97)	Declaration New s/Schedule	TAX-FORM 01 97.pdf
Approved	Truckers	TR- DEC 03 06	Declaration New	TR-DEC 03

<i>SERFF Tracking Number:</i>	<i>STNA-125573294</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#102189 \$50</i>
<i>Company Tracking Number:</i>	<i>SNIC-CA-LG-AR-08-01-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>The LG Program</i>		
<i>Project Name/Number:</i>	<i>SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F</i>		
	Declarations	C/W 03 06	s/Schedule
Approved	NOTICE OF	CC969706	Disclosure/ New
	CANCELLATION	AR52001	Notice
	OF INSURANCE		
			06.pdf
			AR ODEN
			notice.pdf

**STATE NATIONAL
INSURANCE
COMPANY, INC.**

Corporate Address:

8200 Anderson Blvd, P.O Box 24622, Fort Worth, TX 76124-1622

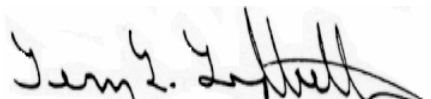
"READ YOUR POLICY CAREFULLY"

This policy is a legal contract between the policy owner and State National Insurance Company, Inc.

In Witness Whereof, this Company has executed and attested these presents by the duly authorized Agent of this company at the agency hereinbefore mentioned.

Mailing Address: State National Insurance Company, Inc., P.O. Box 3709, York, PA 17402-0136

 Secretary

 President

BUSINESS AUTO DECLARATIONS

POLICY NO.: _____

Producer

ITEM ONE**NAMED INSURED:****MAILING ADDRESS:**

POLICY PERIOD: From _____ to _____ at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: _____

FORM OF BUSINESS:☐

CORPORATION

☐

LIMITED LIABILITY COMPANY

☐

INDIVIDUAL

☐

PARTNERSHIP

☐

OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception:

AUDIT PERIOD (IF APPLICABLE)	<input type="checkbox"/>	ANNUALLY	<input type="checkbox"/>	SEMI-ANNUALLY	<input type="checkbox"/>	QUARTERLY	<input type="checkbox"/>	MONTHLY
------------------------------	--------------------------	----------	--------------------------	---------------	--------------------------	-----------	--------------------------	---------

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

SEE SCHEDULE OF FORMS AND ENDORSEMENTSCOUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)**NOTE**

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

ITEM TWO**SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY			
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.	
AUTO MEDICAL PAYMENTS			
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS			
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)			
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE, FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER "AUTO".	
		TAX/SURCHARGE/FEE	
PREMIUM FOR ENDORSEMENTS			
*ESTIMATED TOTAL PREMIUM			

*This policy may be subject to final audit.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				PURCHASED			TERRITORY	
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Original Cost New	Actual Cost & NEW (N) USED (U)		Town & State Where The Covered Auto Will Be Principally Garaged	
Covered Auto No.	CLASSIFICATION								EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	
					Liab.	Phy. Dam.			
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P		PROPERTY PROTECTION (Michigan Only)		
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium		
Total Premium									

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated In Each Medical Expense and Income Loss Endorsement For Each Person	Premium
Total Premium				

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
Total Premium								

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
TOTAL PREMIUM				
LIABILITY COVERAGE – RATING BASIS, NUMBER OF DAYS – (FOR MOBILE OR FARM EQUIPMENT) – RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
TOTAL PREMIUM				

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.			
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.			
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.			
TOTAL PREMIUM				

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than Garage Service Operations And Other than Social Service Agencies	Number Of Employees		
	Number Of Partners		
Garage Service Operations	Number of Employees Whose Principal Duty Involves The Operation of Autos		
Social Service Agencies	Number Of Employees		
	Number Of Volunteers		
TOTAL			

ITEM SIX

SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS – LIABILITY COVERAGE – PUBLIC AUTO OR LEASING RENTAL CONCERNS

ESTIMATED YEARLY	RATES				PREMIUMS			
	<input type="checkbox"/> Per \$100 of Gross Receipts <input type="checkbox"/> Per Mile							
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	MEDICAL EXPENSE BENEFITS (VA Only)	INCOME LOSS BENEFITS (VA Only)	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	MEDICAL EXPENSE BENEFITS (VA Only)	INCOME LOSS BENEFITS (VA Only)
<input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage								
TOTAL PREMIUMS								
MINIMUM PREMIUMS								

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

Policy Number

SCHEDULE OF MISCELLANEOUS AUTO CHANGES

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

COVERAGE AFFECTED BY THIS CHANGE IS ADDED, DELETED OR CHANGED AS INDICATED.

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

Coverage is:	State	Estimated Cost of Hire for Each State	Rate Per Each \$100 Cost of Hire	Premium
			Total Premium	

SCHEDULE FOR NON-OWNERSHIP LIABILITY

Coverage is:	Named Insured's Business	Rating Basis	Number	Premium
	Other than Social Service Agency	Number of Employees		
	Social Service Agency	Number of Employees		
		Number of Volunteers		

MISCELLANEOUS CHANGES

Coverage is:	Description	Premium
		Total Premium

No. BAP

Renewal of Number BAP

STATE NATIONAL INSURANCE COMPANY
8200 Anderson Boulevard
Fort Worth, TX 76120
76120

BUSINESS AUTO PHYSICAL DAMAGE DECLARATIONS

ITEM ONE

NAMED INSURED:

MAILING ADDRESS:

POLICY COVERS FROM

TO

12:01 A.M. Standard Time at the Named Insured's Address stated above.

AGENT OR BROKER:

Agent Code:

FORM OF NAMED INSURED'S BUSINESS:

☐ CORPORATION

☐ LIMITED LIABILITY COMPANY

☐ INDIVIDUAL

☐ PARTNERSHIP

☐ OTHER _____

LOCATION OF BUSINESS: _____

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Physical Damage Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Physical Damage Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. For each covered auto, but no ded. Applies to loss caused by fire or lightning. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. for each covered auto. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE COLLISION COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. for each covered auto. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For each disablement of a private passenger auto	\$

DECLARATIONS – BUSINESS AUTO PHYSICAL DAMAGE (CONTINUED)

FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION: See Endorsement Schedule	PREMIUM FOR ENDORSEMENTS	\$
	MISCELLANEOUS CHARGES*	\$
	ESTIMATED TOTAL PREMIUM	\$
*None at time of issue		

**ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN – SEE SEPARATE SCHEDULE OF COVERED “AUTOS”****ITEM FOUR
SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS
PHYSICAL DAMAGE COVERAGE**

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	RATE	MAX. NO. OF AUTOS IN POSSESSION	COVERAGE DAYS	ESTIMATED PREMIUM
COMPREHENSIVE	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto, but no deductible applies to loss caused by fire or lightning.	\$			\$
SPECIFIED CAUSES OF LOSS	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto..	\$			\$
COLLISION	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto.	\$			\$
TOTAL PREMIUM					\$

PHYSICAL DAMAGE COVERAGE for your covered “autos” you hire or borrow is excess unless indicated below by “☒.”

(☐) If this box is checked, PHYSICAL DAMAGE COVERAGE applies on a direct primary basis and for purposes of the condition titled OTHER INSURANCE< any covered “auto” you hire or borrow is deemed to be a covered “auto” you own.

The estimated total premium for this policy is based on the exposures you told us you would have when this policy began. We will compute your final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and you will be billed for the balance, if any. If the total estimated premium exceeds the final premium due you will get a refund. To determine your final premium due we examine your records at any time during the period of coverage and up to three years afterward. If this policy is issued for more than one year, the premium shall be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

Countersigned _____ 20 at _____
By _____

Policy Number

**THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.
COMMON POLICY CHANGE ENDORSEMENT**

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by ☒ below.

- ☐ Commercial Property
- ☐ Commercial General Liability
- ☐ Commercial Crime
- ☐ Commercial Inland Marine
- ☐
- ☐

The following item(s):

- | | |
|--|---|
| <input type="checkbox"/> Insured's Name | <input type="checkbox"/> Insured's Mailing Address |
| <input type="checkbox"/> Policy Number | <input type="checkbox"/> Company |
| <input type="checkbox"/> Effective/Expiration Date | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan | <input type="checkbox"/> Premium Determination |
| <input type="checkbox"/> Additional Interested Parties | <input type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures | <input type="checkbox"/> Deductibles |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes |
| <input type="checkbox"/> Rates | <input type="checkbox"/> Underlying Exposure/Insurance |

is (are) changed to read **{See Additional Page(s)}**

The above amendments result in a change in the premium as follows:

This premium does not include taxes and surcharges.

<input type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional	Return
-------------------------------------	--	------------	--------

Tax and Surcharge Changes

Additional	Return
------------	--------

Countersigned By:

AUTHORIZED AGENT

Policy Number

COMMON POLICY CHANGE ENDORSEMENT

Endorsement No.

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)

REMOVAL PERMIT

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:
If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

Policy Number

COMMON POLICY DECLARATIONS

Item 1. Named Insured and Mailing Address

Agent Name and Address

Agent No.

Item 2. Policy Period

From:

To:

at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. Business Description:

Form of Business:

Item 4. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)

Premium

Commercial Property Coverage Part

Commercial General Liability Coverage Part

Crime and Fidelity Coverage Part

Commercial Inland Marine Coverage Part

Commercial Auto (Business or Truckers) Coverage Part

Commercial Garage Coverage Part

Total Policy Premium

Item 5. Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:

See Schedule of Forms and Endorsements

Countersigned:

Date:

By:

Authorized Representative

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Policy Number

SCHEDULE OF FORMS AND ENDORSEMENTS

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120

Ins. Co. Code:

Renewal of: [[OldPolicy]]
Issue Date: [[Dt Pcy Tpd]]

GMI
P.O. Box 701
Valley Forge, PA 19482

Producer's Code

BUSINESS AUTO COVERAGE FORM DECLARATIONS

ITEM ONE

NAMED INSURED: [[Company:25]]		POLICY NO. [[Policy No]]
DBA: [[DoingBusAs]]		
MAILING ADDRESS: [[Address 1:27]]		
[[Address 2:28]]		
[[City:30]], [[State:31]] [[Zip:32]]		Effective Date: [[Date Bound]]
FORM OF BUSINESS: [[Busin Type]]		Expiration Date: [[Expire Dt]]
		12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	[[Liab Sybl]]	\$[[RLia Lim P]]/[[RLia Lim A]]/[[RLim Pro D]]	\$ [[NOC Other]]
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)	[[PIP Sybl]]	SEPARATELY STATED IN EACH PIP ENDORSEMENT MINUS \$[[PIP Deduct]] Ded	\$ [[PIP Premim]]
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault Coverage)	[[Add PIP Sy]]	SEPARATELY STATED IN EACH ADDED PIP ENDORSEMENT	\$ [[APIP Premi]]
PROPERTY PROTECTION INSURANCE (Michigan only)	[[PPI Sybl]]	SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$[[PPI Deduct]] Ded FOR EACH ACCIDENT	\$ [[PPI Premim]]
AUTO MEDICAL PAYMENTS	[[Auto MedSy]]	\$ [[Auto MedLi]]	\$ [[Auto MedPr]]
UNINSURED MOTORISTS	[[Unins MotS]]	\$[[Unin MotLP]]/[[Unin MotLA]]/[[Unin MotLPD]]	\$ [[Unins MotP]]
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	[[Phys DmgCS]]	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$[[Phys DmgCD]]Ded. FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR for hired or borrowed "autos."	\$ [[Phys DmgCP]]
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE	[[Phys DmSpS]]	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$25 Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR for hired or borrowed "autos."	\$ [[Phys DMSP]]
PHYSICAL DAMAGE COLLISION COVERAGE	[[Phys DmCCS]]	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS \$[[Phys DmCCL]] Ded. FOR EACH COVERED AUTO. See ITEM FOUR for hired or borrowed "autos."	\$ [[Phys DmCCP]]
PHYSICAL DAMAGE, TOWING AND LABOR (Not Available in California)	[[Phys DmTSy]]	\$ -- for each disablement of a private passenger "auto."	\$ --
		PREMIUM FOR ENDORSEMENTS	\$ Included
		ESTIMATED ANNUAL PREMIUM	\$ [[Anl Premim]]
		DEPOSIT PREMIUM	\$ [[Depo Prem]]

ENDORSEMENTS ATTACHED TO THIS COVERAGE FORM:

IL09850103;IL00171198;CA00011001;IL00210702;PNCAZZ030303;CA00381202;
GMI10000100;GMI10010100;GMI10020100;GMI1003M0100;GMI1003N0100;
CA20140797;CA20101293;CA99100902.

Countersigned By
GMI 0001 0100

POLICY NUMBER: [[Policy No]]

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		PURCHASED		TERRITORY			
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)		Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged			
1			\$	\$				
2			\$	\$				
3	AS PER SCHEDULE ON FILE WITH COMPANY		\$	\$				
4	SEE ENDORSEMENT #1		\$	\$				
5			\$	\$				
Covered Auto No.	CLASSIFICATION							EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.
	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor Liab. Phy. Dam.		Secondary Rating Factor	
1								
2								
3	AS PER	SCHEDULE	ON FILE WITH	COMP	ANY			
4	SEE	ENDORSEMENT	#1					
5								
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROPERTY PROTECTION (Michigan Only)		
	Limit	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium	
1	\$	\$	\$	\$	\$	\$	\$	
2	\$	\$	\$	\$	\$	\$	\$	
3	AS PER	SCHEDULE	ON FILE WITH	COMPANY	\$	\$	\$	
4	SEE	ENDORSEMENT	#1	\$	\$	\$	\$	
5	\$	\$	\$	\$	\$	\$	\$	
Total Premium		\$		\$	\$		\$	

POLICY NUMBER: [[Policy No]]**ITEM THREE****SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)**

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated In Each Medical Expense And Income Loss Endorsement For Each Person	Premium
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3			N/A	\$
4			\$	\$
5	\$	\$	\$	\$
Total Premium		\$		\$

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In Item TWO Minus Deductible Shown Below	Premium	Limit Stated In Item TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
1	\$	\$	\$	\$	\$	\$	\$	\$
2	\$	\$	\$	\$	\$	\$	\$	\$
3	AS PER	SCHEDULE	ON FILE	WITH	COMPANY	\$	\$	\$
4	SEE ENDO	RSEMENT	#1	\$	\$	\$	\$	\$
5	\$	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$		\$

ITEM FOUR**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
	NOT APPLICABLE	\$		\$
TOTAL PREMIUM				\$

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

POLICY NUMBER: [[Policy No]]

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$ NOT APPLICABLE	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$ NOT APPLICABLE	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$ NOT APPLICABLE	\$	\$
TOTAL PREMIUM				\$

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other Than A Social Service Agency	Number Of Employees		\$
	Number Of Partners		\$
Social Service Agency	Number Of Employees	NOT APPLICABLE	\$
	Number Of Volunteers		\$
TOTAL			\$

POLICY NUMBER: [[Policy No]]

ITEM SIX

SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS – LIABILITY COVERAGE – PUBLIC AUTO OR LEASING RENTAL CONCERNS

ESTIMATED YEARLY <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	RATES		PREMIUMS	
	<input type="checkbox"/> Per \$100 Of Gross Receipts <input type="checkbox"/> Per Mile			
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
	\$	\$	\$	\$
	NOT APPLICABLE	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
TOTAL PREMIUMS			\$	\$
MINIMUM PREMIUMS			\$	\$

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120

Producer's
Name

GMI
P.O. Box 701
Valley Forge, PA 19482

and
Address

Named
Insured
and Address
(Number and
Street, Town or
City, Country
and State)

DBA:

Producer's Code

Policy No.

Effective Standard Time
AT 12:01 A.M.

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Composite Rate Endorsement

The policy premium shown in Item Two of the Declarations is an estimated premium only. It is based upon the schedule of vehicles you gave us when the policy began. Once a month, we will compute the actual premium due and send you an invoice showing all vehicles insured under this policy. IT IS YOUR RESPONSIBILITY TO REVIEW THIS SCHEDULE FOR ACCURACY AND TO NOTIFY GMI OF ANY CHANGES TO THE FLEET AS THEY OCCUR. The invoice must be signed by you and returned to GMI, Box 701, Valley Forge, PA 19482, along with your check for the premium payment, no later than the fifteenth (15th) of the month in which you receive it.

The actual premium due will be based on the following rates:

<u>Vehicle Type</u>	<u>Monthly Rate</u> <u>Per Vehicle</u>	<u>Estimated No.</u> <u>of Vehicles</u>	<u>Estimated</u> <u>Annual Premium</u>
Rental Private Passenger	\$ pcpm		\$

Total:

To determine the final premium due, we may examine your records at anytime during the period coverage and up to three years thereafter.

The annual deposit premium is \$_____, payable on the inception date of the policy. The amount of the deposit premium may be adjusted by the company during the policy period based upon your actual number of vehicles.

PHRASES WITH SPECIAL MEANING.

In addition to the Words and Phrases with Special Meaning in the policy, the following phrases have a special meaning in this endorsement:

Private Passenger means a four-wheel automobile of the private passenger or station wagon type and any pickup, panel truck or van that does not exceed 20,000 lbs. gross vehicle weight or 20' in length.

Rental Vehicle means a private passenger vehicle as described above, rented by you to a rentee under A Rental Agreement for a period of less than one year.

Lease Vehicle-Primary means a private passenger vehicle, as described above, leased by you to a lessee under a leasing agreement of one year or more for which the leasing agreement requires you to provide primary insurance for the lessee.

Lease Vehicle-Contingent means a private passenger vehicle, as described above, leased by you to a lessee under a leasing agreement of one year or more for which the leasing agreement requires the lessee to provide primary insurance for you.

All other terms and conditions of the policy remain unchanged.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

GMI 1000 01 00

Endorsement #1

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120

Policy No.

Producer's
Name
and
Address

GMI
P.O. Box 701
Valley Forge, PA 19482

Producer's Code

Effective Standard Time
AT 12:01 A.M.

Named
Insured
and Address
(Number and
Street, Town or
City, Country
and State)

DBA:

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Rental/Lease Agreement Endorsement

The insurance provided for any lessee or rentee under this policy is subject to the terms of the lease or rental agreement, including any limit of liability or conditions, restrictions and limitations contained therein. However, we will not pay more than the limit of liability shown on the declarations page.

All other terms and conditions of this policy remain unchanged.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**

Policy No.

Producer's
Name
and
Address

**GMI
P.O. Box 701
Valley Forge, PA 19482**

Producer's Code

Effective Standard Time
AT 12:01 A.M.

Named
Insured
and Address
(Number and
Street, Town or
City, Country
and State)

DBA:

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Business Auto Coverage Form Endorsement

SECTION II - LIABILITY COVERAGE

A. COVERAGE

1. WHO IS AN INSURED. The following replaces the entire provisions of SECTION II - LIABILITY COVERAGE, A. COVERAGE, 1. WHO IS AN INSURED.

The following are insureds.

- a. You are an insured for any covered auto.
- b. If the Named Insured is designated in the declarations as a partnership or joint venture any partner or member thereof, but only with respect to his liability as such;
- c. If the Named Insured is designated in the declarations as a corporation, the corporation and an executive officer or director thereof while acting within the scope of his duties as such;
- d. If the Named Insured is designated in the declarations as an association, any member while operating within the scope of his duties as such;
- e. An employee but only while acting within the scope of his duties as such;
- f. The rentee subject to all conditions set forth in this endorsement and any other person authorized by the rental agreement held by the rentee.

B. EXCLUSIONS. Liability coverage is changed by adding the following exclusions.

This insurance does not apply to:

The owner or rentee of a Rent-It-Here/Leave-It-There Auto not owned by you.

A rentee under the age of 21 unless endorsed hereon. This exclusion shall not apply in any state where such exclusion is prohibited by statute or by the State Insurance Department.

A rental vehicle used for hire.

C. LIMIT OF INSURANCE.

Our limit of Insurance. The following replaces c. "Limit of Insurance: in the policy provisions.

Regardless of the number of covered autos, insureds, claims made or vehicles involved in the accident, the most we will pay for all damages resulting in any one accident is the Liability Insurance Limit shown in the declarations.

The limit of our liability for the insurance provided by this endorsement for the rentee, is the minimum limit required by any applicable compulsory or financial responsibility law, unless endorsed hereon. The Insurance provided by this endorsement is excess over any other collectible insurance whether primary, excess or contingent. If the rentee has other available insurance (whether primary, excess or contingent), the applicable compulsory or financial responsibility law limits exceed the limits of his other insurance.

SECTION III - PHYSICAL DAMAGE COVERAGE

A. COVERAGE: Item 2. Towing and Item 4. Coverage Extension, are hereby deleted in their entirety and not replaced.

B. EXCLUSIONS: Physical Damage Coverage is changed by adding the following exclusion.

We will not pay for loss caused under:

The comprehensive and specified causes of loss for a loss due to theft, conversion, embezzlement or secretion by any person in possession of a covered auto either under a rental agreement, conditional sale, purchase agreement, mortgage or encumbrance or as a rentee of such covered auto; or resulting from the insured voluntarily parting with possession of any covered auto, if induced to do so by any fraudulent scheme, trick, device, false pretense or from larceny, robbery or pilferage committed by any person including any employee, entrusted by you with either custody or possession of a covered auto.

SECTION IV - BUSINESS AUTO CONDITIONS

The following replaces B. "General Conditions" 5. "Other Insurance: a. and b. in the policy conditions. For any covered auto, the insurance provided by this policy is excess over any other collectible insurance whether primary, excess or contingent.

The following provision is added as GENERAL CONDITION - OTHER INSURANCE.

The insurance provided by this policy for the rentee is subject to the terms, conditions, restrictions and limitations contained in the rental agreement, provided that our limit of insurance under the "Liability Coverage" cannot be and is not enlarged or expanded beyond the limit shown on the declarations page attached to this policy.

SECTION V - DEFINITIONS

The following additional definitions apply:

"Rentee" means a holder of a rental agreement with you which provides for the holder's use of an automobile for a period of less than one year.

"Rental Agreement" means the (auto) rental contract between you and the rentee. This agreement states the limit of liability you are providing the rentee. This agreement states that such limit of liability provided for the rentee is excess insurance over any other liability insurance coverage available to the rentee.

"Rental Auto" means an auto you have in your possession for the express purpose of renting to a rentee under a rental agreement of less than one year.

"Rent-It-Here/Leave-it-There Auto" means an auto a rentee rents from someone other than you and leaves it with you.

"Escrow Deposit" is a deposit to be held in escrow and returned to you upon receipt of the final adjustment report for that policy period.

All other terms and conditions of this policy remain unchanged.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.
Countersigned by

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**

Policy No.

Producer's
Name
and
Address

**GMI
P.O. Box 701
Valley Forge, PA 19482**

Producer's Code

Effective Standard Time
AT 12:01 A.M.

Named
Insured
and Address
(Number and
Street, Town or
City, Country
and State)

DBA:

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Model Year Restriction Endorsement

It is agreed and understood that the Comprehensive and Collision coverage applies only to _____ and newer model vehicles.

All other terms and conditions of the policy remain unchanged.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

Endorsement #4

GMI 1003 01 00

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**

Policy No.

Expiration Date:

Producer's

Name
and

Address

**GMI
P.O. Box 701
Valley Forge, PA 19482**

Producer's Code

Effective

Named

Insured

and Address

(Number and

Street, Town or

City, Country

and State)

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$
RETURN PREMIUM IS \$

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Renewal Endorsement

Business Auto Coverage Part

It is agreed and understood that effective 12:01 AM on _____ the policy is renewed under policy number _____.

It is further agreed and understood the deposit premium amount of \$ _____ is transferred to policy number _____.

The earned premium for policy number _____ for the policy period of _____ through _____ is _____.

All other terms and conditions of the policy remain unchanged.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**

Policy No.

Producer's
Name
and
Address

**GMI
P.O. Box 701
Valley Forge, PA 19482**

Producer's Code

Effective Standard Time
AT 12:01 A.M

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(Number and
Street, Town or
City, Country
and State)

DBA:

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Amendment of Limit of Liability

It is agreed and understood that the limits of liability of the policy for bodily injury and property damage liability will increase to those amounts that _____ has agreed in writing, prior to any loss, to provide solely to the benefit of _____ commercial accounts. Notwithstanding the above, the increased limits shall not exceed _____ CSL.

All other terms and conditions of the policy remain unchanged.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

Endorsement #

GMI 1007 01 00

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**



Policy No.

Producer's
Name
and
Address

**GMI
P.O. Box 701
Valley Forge, PA 19482**

Producer's Code

Effective Standard Time
AT 12:01 A.M

Named
Insured
and Address
(Number and
Street, Town or
City, Country
and State)

DBA:

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Additional Insured Endorsement

It is agreed and understood that the following entity is added to the policy as an additional insured as their interest may appear.

In addition, we will notify the above additional insured at least 30 days in advance of cancellation or any material change in the policy, or 30 days in case of cancellation for non-payment of premium.

All other terms and conditions of the policy remain unchanged.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

Endorsement #

GMI 1008 01 00

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**

Policy No.

Producer's
Name
and
Address

**GMI
P.O. Box 701
Valley Forge, PA 19482**

Producer's Code

Effective Standard Time
AT 12:01 A.M

Named
Insured
and Address
(Number and
Street, Town or
City, Country
and State)

DBA:

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Deposit Premium Endorsement

It is agreed and understood that the Deposit Premium of \$_____ shown in Item 2 of the Declarations and on Endorsement #1 of the policy will be payable as follows:

Amount Due

Date Payment Required

All other terms and conditions of the policy remain unchanged.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

Endorsement #

GMI 1009 01 00

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**

Policy No.

Producer's
Name
and
Address

**GMI
P.O. 701
Valley Forge, PA 19482**

Producer's Code

Effective Standard Time
AT 12:01 A.M

Named
Insured
and Address
(Number and
Street, Town or
City, Country
and State)

DBA:

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Multiple Location Endorsement

In addition to the address shown in Item One of the Declaration, the following location or locations are added to the policy.

All other terms and conditions of the policy remain unchanged.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

Endorsement #

GMI 1011 01 00

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**

Policy No.

Producer's
Name
and
Address

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Valley Forge, PA 19482**

Producer's Code

Effective Standard Time
AT 12:01 A.M.

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City, Country
and State)

DBA:

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Liability Limits Endorsement

It is agreed and understood that for rentees possessing valid _____ credentials or _____
_____ charge card credentials at the time of rental, the limit of our liability for the Rentee shall be:

Bodily Injury Liability

Each Person
Each Accident

Property Damage Liability

Each Accident

It is also agreed that if there are any violations of the rental contract, the maximum limits specified above are, to the extent permitted by law, reduced back to the minimum financial responsibility limits of the applicable state.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned policy, other than as above stated.

All other terms and conditions of the policy remain unchanged.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

Endorsement #

GMI 1012 01 00

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**

Policy No.

Producer's
Name
and
Address

**GMI
P.O. Box 701
Valley Forge, PA 19482**

Producer's Code

Effective Standard Time
AT 12:01 A.M

Named
Insured
and Address
(Number and
Street, Town or
City, Country
and State)

DBA:

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Multiple State Limit of Liability Endorsement

It is agreed and understood that the Limit of Liability Insurance shown in Item Two of the Declarations will read as follows:

Vehicles Garaged
in the State of

Bodily Injury
Each Person Each Accident

Property Damage
Each Accident

It is further agreed and understood that Limit of Liability provided under the policy shall be equal to the minimum limit requirements of the state in which the vehicle is principally garaged.

All other terms and conditions of the policy remain unchanged.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

Endorsement #

GM1015 01 00

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**

Policy No.

Producer'
Name
and
Address

**GMI
P.O. Box 701
Valley Forge, PA 19482**

Producer's Code

Effective Standard Time
AT 12:01 A.M.

Named
Insured
THE
and Address
(Number and
Street, Town or
City, Country
and State)

ON ACCOUNT OF THE FOLLOWING

ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Conformity to Statute, Procedure or Rule Endorsement

Business Auto Coverage Part

It is agreed and understood that any provision of this Coverage Part (including endorsements which modify the Coverage Part) that is in conflict with a State Statute, Procedure or Rule is hereby amended to conform to that Statute, Procedure or Rule.

All other terms and conditions of the policy remain unchanged.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**



Policy No.

Producer'
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and
Address

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P.O. Box 701
Valley Forge, PA 19482**

Producer's Code

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ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Physical Damage Limit Endorsement

The Business Auto Coverage Form is amended to read:

SECTION III – PHYSICAL DAMAGE COVERAGE

The following replaces in its entirety, SECTION III - PHYSICAL DAMAGE COVERAGE, C. LIMIT OF INSURANCE, 1.

1. The most we will pay for “loss” in any one occurrence for each covered “auto” is least of:
 - a. The wholesale actual cash value of the damaged or stolen property as of the time of the “loss”; or
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or
 - c. \$ _____

The following is added to SECTION III - PHYSICAL DAMAGE COVERAGE, C. LIMIT OF INSURANCE.

4. Subject to the limitations in Item C. 1., 2. and 3. above, the most we will pay for “loss” in any one occurrence involving more than one covered auto is \$ _____.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

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Issued By

**State National Insurance Company
8200 Anderson Boulevard
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RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Definition of Auto Endorsement

The Business Auto Coverage Form is amended to read:

SECTION V - DEFINITIONS

The following replaces in its entirety, Section V – Definitions, B.

- B. “Auto,” “autos,” “auto’s,” and “autos” means any land motor vehicle or “trailer,” designed for travel on public roads and held by you for rental to others on a short-term basis (less than 12 months), or used in connection with your business of renting vehicles to others, but does not include “mobile equipment.” “Auto” does not include: motorcycles, motorized scooters, motorized bicycles, powercycles, snowmobiles, all terrain vehicles, dune buggies, vehicles designed to transport gas or liquid cargo, nor vehicles designed to transport more than fifteen (15) passengers, nor vehicles designed with more than one rear axle, nor vehicles of the truck or tractor type designed to haul a “trailer” or other vehicle.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

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**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**



Policy No.

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Named
Insured
and Address
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Street, Town or
City, Country
and State)

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Additional Physical Damage Coverage Exclusions Endorsement

The Business Auto Coverage Form is amended to read:

SECTION III – PHYSICAL DAMAGE COVERAGE

The following additional exclusions are added to SECTION III – PHYSICAL DAMAGE COVERAGE, B. EXCLUSIONS.

We will not pay for “loss” caused by or resulting from any of the following. Such “loss” is excluded regardless of any other cause or event that contributes concurrently or in sequence to the “loss”.

7. “Auto” Transportation Of Hazardous Cargo

“Property damage” while a covered “auto” is being used to transport:

- a. Explosives
- b. Gasoline, liquefied petroleum gas, or any other volatile petroleum product.
- c. Anhydrous ammonia
- d. Any other chemically hazardous material
- e. Contraband

8. “Auto” Excluded Use Of

“Property damage” while a covered “auto” is being used:

- a. As a taxicab or for public livery
- b. As a bus outside the scope of the normal rental business operation
- c. As an emergency ambulance or fire department or law enforcement agency vehicle
- d. As a public freight carrier
- e. For automobile schools or for driver training programs
- f. In any race or exhibition
- g. In any deliberate, illicit trade or transportation, or deliberate crime or deliberate illegal act of any kind

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

GMI 1024 06 05

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**

Policy No.

Producer'
Name
and
Address

**GMI
P.O. Box 701
Valley Forge, PA 19482**

Producer's Code

Effective standard time
AT 12:01 A.M.

Named
Insured
and Address
(Number and
Street, Town or
City, Country
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ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Additional Liability Coverage Exclusions Endorsement

The Business Auto Coverage Form is amended to read:

SECTION II – LIABILITY COVERAGE

The following additional exclusions are added to SECTION II – LIABILITY COVERAGE, B. EXCLUSIONS.

B. EXCLUSIONS

This insurance does not apply to any of the following:

17. "Auto" Transportation Of Hazardous Cargo
"Bodily injury" or "property damage" while a covered "auto" is being used to transport:
 - a. Explosives
 - b. Gasoline, liquefied petroleum gas, or any other volatile petroleum product.
 - c. Anhydrous ammonia
 - d. Any other chemically hazardous material
 - e. Contraband
18. "Auto" Excluded Use Of
"Bodily injury" or "property damage" while a covered "auto" is being used:
 - a. As a taxicab or for public livery
 - b. As a bus outside the scope of the normal rental business operation
 - c. As an emergency ambulance or fire department or law enforcement agency vehicle
 - d. As a public freight carrier
 - e. For automobile schools or for driver training programs
 - f. In any deliberate, illicit trade or transportation, or deliberate crime or deliberate illegal act of any kind
19. Liability To An Insured Or To A Rentee Or To Resident Relatives
"Bodily injury" or "property damage" to any person insured under this policy, or to any rentee. Furthermore, this insurance does not apply to "bodily injury" or "property damage" to any resident relative of any person insured under this policy.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

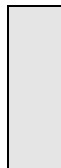
Countersigned by

GMI 1025 05 05

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**



Policy No.

Producer'
Name
and
Address

**GMI
P.O. Box 701
Valley Forge, PA 19482**

Producer's Code

Effective standard time
AT 12:01 A.M.

Named
Insured
and Address
(Number and
Street, Town or
City, Country
and State)

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Specified Physical Damage Coverage Endorsement

Business Auto Coverage Part

It is agreed and understood that the Comprehensive and Collision coverage applies only to those “autos” that are identified as “autos” with physical damage as per the schedule on file with the Company, and for which a premium charge is made.

All other terms and conditions of policy remain unchanged.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**



Policy No.

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and State)

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Physical Damage Coverage Endorsement

Business Auto Coverage Part

It is agreed and understood that the Comprehensive and Collision coverage applies to all vehicles.

All other terms and conditions of policy remain unchanged.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

GMI 1027 0505

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**

Policy No.

Producer'
Name
and
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Valley Forge, PA 19482**

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Effective standard time
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and State)

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Newly Acquired Vehicle Endorsement – Reporting

The Business Auto Coverage Form is amended to read:

SECTION I – COVERED AUTOS

The following replaces in its entirety SECTION I – COVERED AUTOS, B. OWNED AUTOS YOU ACQUIRE AFTER THE POLICY BEGINS, 2.

2. But, if Symbol 7 is entered next to a coverage in Item Two of the Declarations, an “auto” you acquire will be a covered “auto” for that coverage only if the Named Insured renders to us within ten (10) days following the end of each calendar month, a detailed statement exhibiting:
 - (a) number of rental “autos” at the end of the previous month; and
 - (b) rental “autos” added or deleted during the month, by date identifying each “auto” by motor or serial number, and
 - (c) total number of “autos” at the end of the month.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

This endorsement forms a part of the designated policy and applies, unless otherwise stated herein, as of the effective time and date of such policy.

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**

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Producer's Code

Effective standard time
AT 12:01 A.M.

Named
Insured
and Address
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City, Country
and State)

ON ACCOUNT OF THE FOLLOWING THE
ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Newly Acquired Vehicle Endorsement – Scheduled

The Business Auto Coverage Form is amended to read:

SECTION I – COVERED AUTOS

The following replaces in its entirety SECTION I – COVERED AUTOS, B. OWNED AUTOS YOU ACQUIRE AFTER THE POLICY BEGINS, 2.

2. But, if Symbol 7 is entered next to a coverage in Item Two of the Declarations, an “auto” you acquire will be a covered “auto” for that coverage only if you report it to us within 7 days after you acquire it that you want us to cover it for that coverage. It is only considered reported to us if you have sent to us in writing, the year, make, model and full vehicle identification number.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

GMI 1029 05 05

Issued By

**State National Insurance Company
8200 Anderson Boulevard
Fort Worth, TX 76120**

Policy No.

Producer'
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Address

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P.O. Box 701
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ADDITIONAL PREMIUM IS \$ N/A
RETURN PREMIUM IS \$ N/A

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Description of Covered Auto Designation Symbols Endorsement

The Business Auto Coverage Form is amended to read:

SECTION I – COVERED AUTOS

The following replaces in its entirety SECTION I – COVERED AUTOS, A. DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS, SYMBOLS 5, 6 AND 7.

Symbol 5 – “Autos” Subject To No-Fault – Only those “autos” that are required to have No-Fault benefits in the state where they are licensed or principally garaged and used in connection with your business of the short term rental of “autos” (rentals of less than twelve months)

Symbol 6 – “Autos” Subject To A Compulsory Uninsured Motorists Law – Only those “autos” that because of the law in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage, and used in connection with your business of the short term rental of “autos” (rentals of less than twelve months)

Symbol 7 – Specifically Described “Autos” – Only those “autos” described in Item Three of the Declarations for which a premium charge is indicated and are being held by you for rental to others on a short term basis (rental of less than twelve months), or used in connection with your business of the short term rental of “autos” (rentals of less than twelve months); and for Liability Coverage, any “trailers” you don’t own while attached to any “auto” described in Item Three.

The following symbol is added to SECTION I – COVERED AUTOS, A. DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS.

Symbol 10 – “Autos” held by you for rental on a short term basis (less than 12 months); or “autos” used in connection with your business of the short term rental of “autos” or “autos” used for other than rental purposes by you or any of your “employees” with your permission.

This endorsement shall not be binding upon the company unless countersigned by a duly authorized representative of the company.

Countersigned by

GARAGE COVERAGE FORM – AUTO DEALERS' SUPPLEMENTARY SCHEDULE

ITEM THREE

LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

LOCATION NO.	ADDRESS State Your Main Business Location As Location No. 1.

ITEM FOUR

LIABILITY COVERAGE – PREMIUMS

Location No.	Classes Of Operators	Rating Factor (s)	Number Of Persons	Rating Units	Total Rating Units	Liability Prem.	P.I.P. Prem.	Prop. Prot. Prem. (MI Only)	Med. Exp. Ben. Prem. (VA Only)	Inc. Loss Ben. Prem. (VA Only)
	Class I – Employees Regular Operators									
	Class I – Employees All Others									
	Class II – Non-Employees Under Age 25									
	Class II – Non-Employees Age 25 Or Over									
	All Employees (only for Trailer Dealers)									
	Class I – Employees Regular Operators									
	Class I – Employees All Others									
	Class II – Non-Employees Under Age 25									
	Class II – Non-Employees Age 25 Or Over									
	All Employees (only for Trailer Dealers)									
TOTAL PREMIUMS										

Definitions

Class I – Employees

Regular Operator – Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".

All Others – All other "employees".

Note

1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

Class II – Non-Employees

Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

ITEM FIVE**LIABILITY COVERAGE FOR YOUR CUSTOMERS**

Unless indicated by "X" below, limited liability coverage is provided for your customers in accordance with Paragraph a.(2)(d) of Who Is An Insured under Section II -- Liability Coverage

☐

If this box is checked Paragraph **a.(2)(d)** of Who Is An Insured under Section **II** - Liability Coverage does not apply.

ITEM SIX**GARAGEKEEPERS COVERAGES AND PREMIUMS**

Location No.	Coverages	Limit Of Insurance For Each Location (Absence of a limit or deductible below means that the corresponding ITEM TWO limit or deductible applies.)	
	Comprehensive	MINUS	DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR
	Specified Causes Of Loss	MINUS	DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	MINUS	DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.
	Comprehensive	MINUS	DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR
	Specified Causes Of Loss	MINUS	DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	MINUS	DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.
	Comprehensive	MINUS	DEDUCTIBLE FOR EACH CUSTOMER'S AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR
	Specified Causes Of Loss	MINUS	DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.
	Collision	MINUS	DEDUCTIBLE FOR EACH CUSTOMER'S AUTO.

PREMIUM FOR ALL LOCATIONS

Comprehensive	
Specified Causes Of Loss	
Collision	

DIRECT COVERAGE OPTIONS

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

☐
EXCESS INSURANCE

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

☐
PRIMARY INSURANCE

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.

ITEM SEVEN
PHYSICAL DAMAGE COVERAGE – TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS – PREMIUMS – REPORTING OR NONREPORTING BASIS

Each of the following Physical Damage Coverages that is indicated in ITEM TWO applies only to the types of "autos" and interests indicated below by "X".

COVERAGES	TYPES OF "AUTOS"		INTERESTS COVERED			
	New "Autos"	Used "Autos", Demonstrators And Service Vehicles	Your Interest In Covered "Autos" You Own	Your Interest Only In Financed Covered "Autos"	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	All Interests In Any "Auto" Not Owned By You Or Any Creditor While In Your Possession On Consignment For Sale
Comprehensive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specified Causes Of Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOCATION NO.	COVERAGES	LIMIT OF INSURANCE FOR EACH LOCATION			RATES	PREMIUM
	Comprehensive	MINUS DEDUCTIBLE				
	Specified Causes Of Loss	FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR MINUS DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
	Comprehensive	MINUS DEDUCTIBLE				
	Specified Causes Of Loss	FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR MINUS DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
	Comprehensive	MINUS DEDUCTIBLE				
	Specified Causes Of Loss	FOR EACH COVERED AUTO FOR LOSS CAUSED BY THEFT OR MISCHIEF OR VANDALISM SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT; OR MINUS DEDUCTIBLE FOR ALL PERILS SUBJECT TO MAXIMUM DEDUCTIBLE FOR ALL SUCH LOSS IN ANY ONE EVENT.				
All	Collision	MINUS DEDUCTIBLE				
		FOR EACH COVERED AUTO.				
		BLANKET ANNUAL COLLISION RATES			Adjustment Factor	Premium
		First \$50,000	\$50,001 To \$100,000	Over \$100,000		
TOTAL PREMIUM						

Our limit of insurance for "loss" at locations other than those stated in ITEM THREE.

Additional locations where you store covered "autos"
In transit

ITEM SEVEN (Cont'd)

PREMIUM BASIS – Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "X").

☐ **REPORTING BASIS (Quarterly or Monthly as indicated below by "X")**

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II – Non-Employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in ITEM THREE above. For your main sales location you must include the total value of all service vehicles.

YOUR REPORTING BASIS IS:

☐ **QUARTERLY**

You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.

☐ **MONTHLY**

You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

☐ **NONREPORTING BASIS**

Stated limit of insurance shown above applies.

Loss Payee – Any loss is payable as interest may appear to you and:

See Schedule of Loss Payee(s)

ITEM EIGHT

MEDICAL PAYMENTS COVERAGE. REFER TO ITEM NINE FOR COVERED AUTOS INSURED ON A SPECIFIED CAR BASIS.

COVERAGE	PREMIUM DETERMINATION	PREMIUM
Auto Medical Payments Only	Auto Medical Payments Premium Equals % Of The Liability Premium.	
Premises And Operations Medical Payments (Does Not Apply To Bodily Injury Caused By Any Auto)	Premises And Operations Medical Payments Premium Equals % Of The Liability Premium.	
Premises And Operations And Auto Medical Payments	Premises And Operations And Auto Medical Payments Premium Equals % Of The Liability Premium.	

ITEM NINE

SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS.

Covered Auto No.	DESCRIPTION				PURCHASED			TERRITORY	
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where The Covered Auto Will Be Principally Garaged		
Covered Auto No.	CLASSIFICATION								EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	
					Liab.	Phy. Dam.			
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P	PROPERTY PROTECTION (Michigan Only)			
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.	Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium		
Total Premium									

ITEM NINE

SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS. (Cont'd)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated In Each Medical Expense and Income Loss Endorsement For Each Person	Premium
Total Premium				

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
Total Premium								

ITEM TEN
LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS – NON-FRANCHISED DEALERS ONLY

NUMBER OF DRIVER TRIPS		RATE	PREMIUM
51-200 Miles			
Over 200 Miles			
TOTAL			

Policy Number**SCHEDULE OF COVERED AUTOS YOU OWN – DEALERS**

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

ITEM NINE – SCHEDULE OF COVERED AUTOS WHICH ARE FURNISHED TO SOMEONE OTHER THAN A CLASS I OR CLASS II OPERATOR OR WHICH ARE INSURED ON A SPECIFIED CAR BASIS

Covered Auto No.	Description		Except for towing, all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss.				
	Year, Model, Trade Name, Body Type, Serial Number(s), Vehicle Identification Number (VIN)						
			See Schedule of Loss Payees, if applicable.				
Covered Auto No.	Territory		Purchased		Classification		
	Town & State Where Covered Auto Will Be Principally Garaged		Original Cost New	Actual Cost & New (N) Used (U)	Business Use S = Service R = Retail C = Commercial		
Covered Auto No.	Classification						
	Radius of Operation	Size GWW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phys. Damage		

Policy Number

SCHEDULE OF COVERED AUTOS YOU OWN -DEALERS (Continued)

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Covered Auto No.	Coverages -- Premiums, Limits and Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)				
	Liability		Personal Injury Protection		Added P.I.P.
	Limit (In Thousands)	Premium	Limit Stated in each P.I.P. endt. minus ded. shown below	Premium	Limit Stated in each added P.I.P. endt. Premium
Total Prem.					
Covered Auto No.	Auto Medical Payments		Medical Expense and Income Loss Benefit (Virginia Only)		
	Limit	Premium	Limit Stated in each Medical Expense and Income Loss endt. for each person	Premium	
Total Prem.					
Covered Auto No.	Property Protection (Michigan Only)		Uninsured Motorists		Underinsured Motorists
	Limit Stated in P.P.I. endt. minus deductible shown below	Premium	Limit (In Thousands)	Premium	Premium
Total Prem.					
Covered Auto No.	Comprehensive		Specified Causes of Loss		
	Limit Stated in ITEM TWO minus deductible shown below	Premium	Limit stated in ITEM TWO minus deductible shown below	Premium	
Total Prem.					
Covered Auto No.	Collision		Towing and Labor		
	Limit Stated in ITEM TWO minus deductible shown below	Premium	Limit per disablement	Premium	
Total Prem.					

Policy Number

Endorsement No.

AUTO DEALERS' SCHEDULE OF CHANGES

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

COVERAGE AFFECTED BY THIS CHANGE IS ADDED, DELETED OR CHANGED AS INDICATED.

ITEM THREE – LOCATIONS WHERE YOU CONDUCT GARAGE OPERATIONS

Loc.	Address - State your main business location as location no. 1.	Garage Cov. is:

ITEM FOUR – LIABILITY COVERAGE – PREMIUMS.

Loc.	Classes of Operators		Rating Factor	Number of Persons	Rating Units	Total Rating Units	Liability Premium	P.I.P. Premium	Property Protection. Prem. (MI only)	Med. Exp. Ben. Prem. (VA only)	Inc. Loss Ben. Prem. (VA only)						
	Class I - Employees	Reg. Operators															
		All Others															
	Class II - Non-Employees	Under Age 25															
		Age 25 or Over															
	Class I - Employees	Reg. Operators															
		All Others															
	Class II - Non-Employees	Under Age 25															
		Age 25 or Over															
				Total Premium													

ITEM SIX – GARAGEKEEPERS – COVERAGES AND PREMIUMS

Loc.	Coverages	Limit and Deductible for Each Location	
	Comprehensive	minus	ded. for each customer's auto for loss caused by theft or
	Specified Causes of Loss	mischief or vandalism; or	minus ded. for all perils.
		All subject to	maximum ded. for all such loss in any one event.
	Collision	minus	ded. for each covered auto.
	Comprehensive	minus	ded. for each customer's auto for loss caused by theft or
	Specified Causes of Loss	mischief or vandalism; or	minus ded. for all perils.
		All subject to	maximum ded. for all such loss in any one event.
	Collision	minus	ded. for each covered auto.
Premium for All Locations			
Comprehensive		Specified Causes of Loss	Collision

ITEM SEVEN – PHYSICAL DAMAGE COVERAGE – TYPES OF COVERED AUTOS AND INTERESTS IN THESE AUTOS – PREMIUMS – REPORTING OR NONREPORTING BASIS

Loc.	Coverages	Limit of Insurance for Each Location			Rates	Premium
	Comprehensive	minus ded. for each covered auto for loss caused by theft or mischief or vandalism; or minus ded. for all perils. All subject to maximum ded. for all such loss in any one event				
	Specified Causes of Loss					
	Comprehensive	minus ded. for each covered auto for loss caused by theft or mischief or vandalism; or minus ded. for all perils. All subject to maximum ded. for all such loss in any one event				
	Specified Causes of Loss					
ALL	Collision	minus ded. for each covered auto				
		Blanket Annual Collision Rates			Adjustment Factor	Premium
		First \$50,000	\$50,001 -\$100,000	Over \$100,000		
Total Premium						

AUTO DEALERS' SCHEDULE OF CHANGES

ITEM EIGHT – MEDICAL PAYMENTS COVERAGE – REFER TO ITEM NINE FOR COVERED AUTOS INSURED ON A SPECIFIED CAR BASIS.

Coverage	Premium Determination	Premium
Auto Medical Payments Only	Auto Medical Payments Premium equals % of the Liability Premium	
Premises and Operations Medical Payments (Does not apply to bodily injury caused by any auto)	Premises and Operations Medical Payments Premium equals % of the Liability Premium	
Premises and Operations and Auto Medical Payments	Premises and Operations and Auto Medical Payments Premium equals % of the Liability Premium	

ITEM TEN – LIABILITY PREMIUM FOR PICK UP AND DELIVERY OF AUTOS – NON-FRANCHISED DEALERS ONLY

Number of Driver Trips		Rate	Premium
51-200 miles			
Over 200 miles			
Total Premium			

GARAGE DECLARATIONS

POLICY NO.: _____

Producer

ITEM ONE**NAMED INSURED:****MAILING ADDRESS:**

POLICY PERIOD: From _____ to _____
at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: _____**FORM OF BUSINESS:**

☐ CORPORATION ☐ LIMITED LIABILITY COMPANY ☐ INDIVIDUAL
☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception:

AUDIT PERIOD (IF APPLICABLE)		ANNUALLY		SEMI-ANNUALLY		QUARTERLY		MONTHLY
------------------------------	--	----------	--	---------------	--	-----------	--	---------

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (Not applicable in New York)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED _____ BY _____
(Date) (Authorized Representative)

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT
THE COMPANY'S OPTION.

THIS DECLARATION MUST BE COMPLETED BY THE ATTACHMENT OF A SUPPLEMENTARY SCHEDULE.

ITEM TWO**SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)	LIMIT			PREMIUM
		Each "Accident" "Garage Operations"	Aggregate – "Garage Operations"		
LIABILITY		"Auto" Only	Other Than "Auto" Only	Other Than "Auto" Only	
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.			
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.			
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.			
MEDICAL PAYMENTS					
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.			
UNINSURED MOTORISTS					
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)					
GARAGEKEEPERS COMPREHENSIVE COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX.			
GARAGEKEEPERS SPECIFIED CAUSES OF LOSS COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX			

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS (Cont'd)

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form shows which autos are covered autos.)	LIMIT	PREMIUM
GARAGEKEEPERS COLLISION COVERAGE		SEPARATELY STATED FOR EACH LOCATION IN ITEM SIX.	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO. See Supplementary Schedule For Dealers "Autos" And "Autos" Held For Sale By Trailer Dealers And Non-Dealers.	
PHYSICAL DAMAGE TOWING AND LABOR		For Each Disablement Of A Private Passenger "Auto".	
		TAX / SURCHARGE / FEE	
		PREMIUM FOR ENDORSEMENTS	
		*ESTIMATED TOTAL PREMIUM	

*This policy may be subject to final audit.

Policy Number

Endorsement No.

SCHEDULE OF MISCELLANEOUS GARAGE CHANGES

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

COVERAGE AFFECTED BY THIS CHANGE IS ADDED, DELETED OR CHANGED AS INDICATED.

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE

COVERAGE IS:	STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	PREMIUM
TOTAL PREMIUM				

SCHEDULE FOR NON - OWNERSHIP LIABILITY

COVERAGE IS:	NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
	Other than a Social Service Agency	Number of Employees		
		Number of Partners		
	Social Service Agency	Number of Volunteers		
TOTAL PREMIUM				

MISCELLANEOUS CHANGES

COVERAGE IS:	DESCRIPTION	PREMIUM
TOTAL PREMIUM		

Policy Number

INSTALLMENT SCHEDULE

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

DUE

PREMIUM

SURCHARGE

**REVISED
INSTALLMENT TOTAL**

Failure to pay the Installment Premium by the Date Due shown shall constitute non-payment of premium for which we may cancel this policy.

INSTSCHD (01/02)

FORM F

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE ENDORSEMENT

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commission(s) indicated below.
3. This endorsement may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the company or the insured giving thirty (30) days' notice in writing to the State Commission with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of such Commission.

☒ INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY
INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED

ALABAMA	<input type="checkbox"/>	ILLINOIS	<input type="checkbox"/>	MONTANA	<input type="checkbox"/>	RHODE ISLAND	<input type="checkbox"/>
ALASKA	<input type="checkbox"/>	INDIANA	<input type="checkbox"/>	NEBRASKA	<input type="checkbox"/>	SOUTH CAROLINA	<input type="checkbox"/>
ARIZONA	<input type="checkbox"/>	IOWA	<input type="checkbox"/>	NEVADA	<input type="checkbox"/>	SOUTH DAKOTA	<input type="checkbox"/>
ARKANSAS	<input type="checkbox"/>	KANSAS	<input type="checkbox"/>	NEW HAMPSHIRE	<input type="checkbox"/>	TENNESSEE	<input type="checkbox"/>
CALIFORNIA	<input type="checkbox"/>	KENTUCKY	<input type="checkbox"/>	NEW JERSEY	<input type="checkbox"/>	TEXAS	<input type="checkbox"/>
COLORADO	<input type="checkbox"/>	LOUISIANA	<input type="checkbox"/>	NEW MEXICO	<input type="checkbox"/>	UTAH	<input type="checkbox"/>
CONNECTICUT	<input type="checkbox"/>	MAINE	<input type="checkbox"/>	NEW YORK	<input type="checkbox"/>	VERMONT	<input type="checkbox"/>
DELAWARE	<input type="checkbox"/>	MARYLAND	<input type="checkbox"/>	NORTH CAROLINA	<input type="checkbox"/>	VIRGINIA	<input type="checkbox"/>
DISTRICT OF COLUMBIA	<input type="checkbox"/>	MASSACHUSETTS	<input type="checkbox"/>	NORTH DAKOTA	<input type="checkbox"/>	WASHINGTON	<input type="checkbox"/>
FLORIDA	<input type="checkbox"/>	MICHIGAN	<input type="checkbox"/>	OHIO	<input type="checkbox"/>	WEST VIRGINIA	<input type="checkbox"/>
GEORGIA	<input type="checkbox"/>	MINNESOTA	<input type="checkbox"/>	OKLAHOMA	<input type="checkbox"/>	WISCONSIN	<input type="checkbox"/>
HAWAII	<input type="checkbox"/>	MISSISSIPPI	<input type="checkbox"/>	OREGON	<input type="checkbox"/>	WYOMING	<input type="checkbox"/>
IDAHO	<input type="checkbox"/>	MISSOURI	<input type="checkbox"/>	PENNSYLVANIA	<input type="checkbox"/>		<input type="checkbox"/>

Attached to and forming part of Policy No. _____

issued by State National Insurance Company, herein called Company, of Fort Worth, Texas

to _____ of _____.

Dated at _____ this _____ day of _____ 20____.

Countersigned by _____
Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NON-TRUCKING LIABILITY ENDORSEMENT ARKANSAS

This endorsement modifies insurance provided under the following:

ARKANSAS PERSONAL INJURY PROTECTION COVERAGE
ARKANSAS UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
ARKANSAS UNINSURED MOTORISTS COVERAGE – PROPERTY DAMAGE

The following exclusion applies to each of the above coverage forms:

BUSINESS PURSUITS

"Bodily injury" or "property damage" while a covered "auto" is used in any "business pursuit".

As defined in the Business Auto Non-trucking Liability Coverage Form, "business pursuit" means:

1. Using a covered "auto" in any capacity for or on behalf of any other person, business, corporation, partnership or like entity;
2. Using a covered "auto" while en route to any location to pick up property or cargo;
3. Using a covered "auto" while transporting property or cargo;
4. Using a covered "auto" while returning to any terminal of any person, business, corporation, partnership or like entity following the delivery of any property or cargo;

5. Using a covered "auto" while returning to any destination where the covered "auto" is regularly kept;
6. Loading or unloading the covered "auto";
7. Attaching, detaching, towing or transporting a "trailer" if that "trailer" is the property or cargo for delivery; or
8. Maintaining the covered "auto":
 - a. For or on behalf of any other person, business, corporation, partnership or like entity;
 - b. In compliance with the Federal Motor Carrier Safety Regulations; or
 - c. Pursuant to the provisions of any lease.

Refer to the various coverage forms for definitions of other terms designated by quotes.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SPECIAL NAMED INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO NON-TRUCKING LIABILITY COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

The named insured under this policy is:

A LONG TERM LEASED OPERATORS
B OF

For the purpose of this endorsement, it is hereby understood and agreed, that the following definitions are added to this policy:

LONG TERM LEASED OPERATOR ("A" above) means any INDIVIDUAL, PARTNERSHIP, FIRM OR CORPORATION who is leased to "B" above on a "long term basis." It further means that "B" has assumed exclusive possession and control of the "auto" and that the "auto" is principally garaged in the domiciled state shown under ITEM ONE of the policy Declaration Page.

LONG TERM BASIS means longer than six (6) months or on a continuous monthly lease projected to exceed six (6) months.

YOU and **YOUR**, as used in this endorsement, refers to the INDIVIDUAL, PARTNERSHIP AND/OR FIRM OR CORPORATION named above and identified as "B".

In the event of CANCELLATION or NON-RENEWAL:

Since "you" retain the original policy, if it becomes necessary for this policy to be cancelled or non-renewed **we shall notify "you"** in accordance with the Common Policy Conditions and/or any state endorsements which describe our responsibility to the Named Insured. **It shall be "your" responsibility to notify each "Long Term Leased Operator" of this action.**

In the event the POLICY IS RETURNED to us for cancellation:

Since "you" retain the original policy, if it becomes necessary for the policy to be returned to us for cancellation, **it shall be "your" responsibility to notify each "Long Term Leased Operator" of this action.**

In the event a "Long Term Leased Operator" is no longer leased to "you":

Since "you" retain the original policy, if any lease is terminated, either by "you" or the "Long Term Leased Operator", it shall be "your" responsibility to advise each concern that they no longer have coverage under this policy.

DRIVER SCHEDULE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

The following individuals are operators under this policy.
Any changes during the policy period should be endorsed.

[illegible]

LESSEE SCHEDULE

You are currently leased to the following trucking concerns on a long term bases.
Any changes during the policy period should be endorsed.

Name of Lessee
 Address of Lessee

Name of Lessee
 Address of Lessee

Name of Lessee
 Address of Lessee

Name of Lessee
 Address of Lessee

Name of Lessee
 Address of Lessee

Name of Lessee
 Address of Lessee

Name of Lessee
 Address of Lessee

Name of Lessee
 Address of Lessee

SURCHARGE/TAX SUMMARY ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR TRUCK CARGO COVERAGE FORM

This Endorsement is a summary of any premium surcharge/tax that has been charged to you for vehicles/equipment or other items scheduled under this policy in areas that are subject to surcharge/tax. If you have other coverages provided by this policy that are not summarized on a schedule and are subject to surcharge/tax they are included in the amounts indicated below:

	PERCENTAGE OF SURCHARGE/TAX AT ISSUANCE	SURCHARGE/TAX AMOUNT TO PAY AT ISSUANCE
STATE/COMMONWEALTH	%	\$
COUNTY	%	\$
MUNICIPALITY	%	\$
COLLECTION FEE	%	\$

This premium surcharge shall be collected by us at the same time and in the same manner that premium or other charges for your insurance coverage is collected. If we return premium to you, the applicable surcharge will also be returned to you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AGGREGATE RETENTION/DEDUCTIBLE ENDORSEMENT

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

In consideration of the premium charged for this endorsement it is hereby understood and agreed that a physical damage aggregate retention of \$ _____ is your responsibility. We are not responsible for the payment of any physical damage losses until the aggregate retention has been exhausted.

Aggregate retention is defined as the combined total of all physical damage losses and loss adjustment expenses normally covered under the terms of the policy.

After the aggregate retention has been exhausted we will assume responsibility for the payment of all covered losses, subject to a \$ _____ physical damage deductible per loss, per vehicle. All other policy terms and conditions remain unchanged.

This endorsement has been explained to me by my agent/broker and I understand its terms and conditions clearly.

Date : _____

Signature of the Insured

Title (Owner, Partner, President, Secretary etc.)

SCHEDULE OF COVERED AUTOS

LIABILITY COVERAGE AFFORDED TO A SCHEDULED POWER UNIT ALSO APPLIES TO ANY ATTACHED TRAILER OR SEMI-TRAILER SUBJECT TO ALL CONDITIONS AND OTHER TERMS OF THE POLICY.

															-----Codes-----				
UNIT#	Year	Trade Name	Body Type	Serial Number	Bus. Use	GVW GCW	Dis	Class	Pc	St	Cnty	City	Terr	Garaging City					

Policy# PAP

Insureds Name:

SCHEDULE OF COVERED AUTOS

-----Coverage and Premium Breakdown-----

Page: 2

Company Unit Number Insured Unit Number	UNITS									
	1		2		3		4		5	
LIABILITY	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Liability										
Personal Injury Protection										
Additional Benefits										
Medical Expense										
Work Loss										
AccDeath/SurvivorLoss										
Funeral Expense										
Combined First Party										
Catastrophic Medical										
Medical Payments										
Punitive Damage										
Uninsured Motorist BI										
Uninsured Motorist PD										
UNDERinsured Motorist BI										
UNDERinsured Motorist PD										
Owned/Hired										
CSL/PD Deductible										
CSL/PD Deductible Factor										
Rating Code/Line Code										
Rating Factor %										
Zone Group/Trailer Discnt										
LIABILITY TOTAL		0		0		0		0		0

PHYSICAL DAMAGE	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Cost New										
Estimated Value										
Depreciated Value										
Dumping Code										
Dumping Deductible										
Seating Capacity										
Rating Code/Line Code										
Rating Factor %										
Stated Amount/Zones										
Owned/Hired										
	Amount		Amount		Amount		Amount		Amount	
Loss of Use										
Rental Reimbursement										
Tarps/Chains Value										
Audio Visual Data Value										
	Deductible		Deductible		Deductible		Deductible		Deductible	
Comprehensive										
Specified Cause of Loss										
Collision										
PHYSICAL DAMAGE TOTAL		0		0		0		0		0

Premium to Value %										
PREMIUM TOTAL PER UNIT		0		0		0		0		0

State Surchg/Tax - Code										
Co. Surchg/Tax - Code										
City Surchg/Tax - Code										
TOTAL PER UNIT →		0		0		0		0		0

Policy# PAP

Insureds Name:

SCHEDULE OF COVERED AUTOS

-----Coverage and Premium Breakdown-----

Page: 2

Company Unit Number Insured Unit Number	UNITS									
	6		7		8		9		10	
LIABILITY	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Liability										
Personal Injury Protection										
Additional Benefits										
Medical Expense										
Work Loss										
AccDeath/SurvivorLoss										
Funeral Expense										
Combined First Party										
Catastrophic Medical										
Medical Payments										
Punitive Damage										
Uninsured Motorist BI										
Uninsured Motorist PD										
UNDERinsured Motorist BI										
UNDERinsured Motorist PD										
Owned/Hired										
CSL/PD Deductible										
CSL/PD Deductible Factor										
Rating Code/Line Code										
Rating Factor %										
Zone Group/Trailer Discnt										
LIABILITY TOTAL		0		0		0		0		0

PHYSICAL DAMAGE	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Cost New										
Estimated Value										
Depreciated Value										
Dumping Code										
Dumping Deductible										
Seating Capacity										
Rating Code/Line Code										
Rating Factor %										
Stated Amount/Zones										
Owned/Hired										
	Amount		Amount		Amount		Amount		Amount	
Loss of Use										
Rental Reimbursement										
Tarps/Chains Value										
Audio Visual Data Value										
	Deductible		Deductible		Deductible		Deductible		Deductible	
Comprehensive										
Specified Cause of Loss										
Collision										
PHYSICAL DAMAGE TOTAL		0		0		0		0		0

Premium to Value %										
PREMIUM TOTAL PER UNIT		0		0		0		0		0

State Surchg/Tax - Code										
Co. Surchg/Tax - Code										
City Surchg/Tax - Code										
TOTAL PER UNIT →		0		0		0		0		0

Policy# PAP

Insureds Name:

SCHEDULE OF COVERED AUTOS

-----Coverage and Premium Breakdown-----

Page: 2

Company Unit Number Insured Unit Number	UNITS									
	11		12		13		14		15	
LIABILITY	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Liability										
Personal Injury Protection										
Additional Benefits										
Medical Expense										
Work Loss										
AccDeath/SurvivorLoss										
Funeral Expense										
Combined First Party										
Catastrophic Medical										
Medical Payments										
Punitive Damage										
Uninsured Motorist BI										
Uninsured Motorist PD										
UNDERinsured Motorist BI										
UNDERinsured Motorist PD										
Owned/Hired										
CSL/PD Deductible										
CSL/PD Deductible Factor										
Rating Code/Line Code										
Rating Factor %										
Zone Group/Trailer Discnt										
LIABILITY TOTAL →		0		0		0		0		0

PHYSICAL DAMAGE	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Cost New										
Estimated Value										
Depreciated Value										
Dumping Code										
Dumping Deductible										
Seating Capacity										
Rating Code/Line Code										
Rating Factor %										
Stated Amount/Zones										
Owned/Hired										
	Amount		Amount		Amount		Amount		Amount	
Loss of Use										
Rental Reimbursement										
Tarps/Chains Value										
Audio Visual Data Value										
	Deductible		Deductible		Deductible		Deductible		Deductible	
Comprehensive										
Specified Cause of Loss										
Collision										
PHYSICAL DAMAGE TOTAL →		0		0		0		0		0

Premium to Value %										
PREMIUM TOTAL PER UNIT →		0		0		0		0		0

State Surchg/Tax - Code										
Co. Surchg/Tax - Code										
City Surchg/Tax - Code										
TOTAL PER UNIT →		0		0		0		0		0

Policy# PAP

Insureds Name:

SCHEDULE OF COVERED AUTOS

-----Coverage and Premium Breakdown-----

Page: 2

Company Unit Number Insured Unit Number	UNITS									
	16		17		18		19		20	
LIABILITY	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Liability										
Personal Injury Protection										
Additional Benefits										
Medical Expense										
Work Loss										
AccDeath/SurvivorLoss										
Funeral Expense										
Combined First Party										
Catastrophic Medical										
Medical Payments										
Punitive Damage										
Uninsured Motorist BI										
Uninsured Motorist PD										
UNDERinsured Motorist BI										
UNDERinsured Motorist PD										
Owned/Hired										
CSL/PD Deductible										
CSL/PD Deductible Factor										
Rating Code/Line Code										
Rating Factor %										
Zone Group/Trailer Discnt										
LIABILITY TOTAL		0		0		0		0		0

PHYSICAL DAMAGE	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Cost New										
Estimated Value										
Depreciated Value										
Dumping Code										
Dumping Deductible										
Seating Capacity										
Rating Code/Line Code										
Rating Factor %										
Stated Amount/Zones										
Owned/Hired										
	Amount		Amount		Amount		Amount		Amount	
Loss of Use										
Rental Reimbursement										
Tarps/Chains Value										
Audio Visual Data Value										
	Deductible		Deductible		Deductible		Deductible		Deductible	
Comprehensive										
Specified Cause of Loss										
Collision										
PHYSICAL DAMAGE TOTAL		0		0		0		0		0

Premium to Value %										
PREMIUM TOTAL PER UNIT		0		0		0		0		0

State Surchg/Tax - Code										
Co. Surchg/Tax - Code										
City Surchg/Tax - Code										
TOTAL PER UNIT →		0		0		0		0		0

Policy# PAP

Insureds Name:

SCHEDULE OF COVERED AUTOS

-----Coverage and Premium Breakdown-----

Page: 2

Company Unit Number Insured Unit Number	UNITS									
	21		22		23		24		25	
LIABILITY	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Liability										
Personal Injury Protection										
Additional Benefits										
Medical Expense										
Work Loss										
AccDeath/SurvivorLoss										
Funeral Expense										
Combined First Party										
Catastrophic Medical										
Medical Payments										
Punitive Damage										
Uninsured Motorist BI										
Uninsured Motorist PD										
UNDERinsured Motorist BI										
UNDERinsured Motorist PD										
Owned/Hired										
CSL/PD Deductible										
CSL/PD Deductible Factor										
Rating Code/Line Code										
Rating Factor %										
Zone Group/Trailer Discnt										
LIABILITY TOTAL →		0		0		0		0		0

PHYSICAL DAMAGE	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Cost New										
Estimated Value										
Depreciated Value										
Dumping Code										
Dumping Deductible										
Seating Capacity										
Rating Code/Line Code										
Rating Factor %										
Stated Amount/Zones										
Owned/Hired										
	Amount		Amount		Amount		Amount		Amount	
Loss of Use										
Rental Reimbursement										
Tarps/Chains Value										
Audio Visual Data Value										
	Deductible		Deductible		Deductible		Deductible		Deductible	
Comprehensive										
Specified Cause of Loss										
Collision										
PHYSICAL DAMAGE TOTAL →		0		0		0		0		0

Premium to Value %										
PREMIUM TOTAL PER UNIT →		0		0		0		0		0

State Surchg/Tax - Code										
Co. Surchg/Tax - Code										
City Surchg/Tax - Code										
TOTAL PER UNIT →		0		0		0		0		0

Policy# PAP

Insureds Name:

SCHEDULE OF COVERED AUTOS

-----Coverage and Premium Breakdown-----

Page: 2

Company Unit Number Insured Unit Number	UNITS									
	26		27		28		29		30	
LIABILITY	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Liability										
Personal Injury Protection										
Additional Benefits										
Medical Expense										
Work Loss										
AccDeath/SurvivorLoss										
Funeral Expense										
Combined First Party										
Catastrophic Medical										
Medical Payments										
Punitive Damage										
Uninsured Motorist BI										
Uninsured Motorist PD										
UNDERinsured Motorist BI										
UNDERinsured Motorist PD										
Owned/Hired										
CSL/PD Deductible										
CSL/PD Deductible Factor										
Rating Code/Line Code										
Rating Factor %										
Zone Group/Trailer Discnt										
LIABILITY TOTAL		0		0		0		0		0

PHYSICAL DAMAGE	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Cost New										
Estimated Value										
Depreciated Value										
Dumping Code										
Dumping Deductible										
Seating Capacity										
Rating Code/Line Code										
Rating Factor %										
Stated Amount/Zones										
Owned/Hired										
	Amount		Amount		Amount		Amount		Amount	
Loss of Use										
Rental Reimbursement										
Tarps/Chains Value										
Audio Visual Data Value										
	Deductible		Deductible		Deductible		Deductible		Deductible	
Comprehensive										
Specified Cause of Loss										
Collision										
PHYSICAL DAMAGE TOTAL		0		0		0		0		0

Premium to Value %										
PREMIUM TOTAL PER UNIT		0		0		0		0		0

State Surchg/Tax - Code										
Co. Surchg/Tax - Code										
City Surchg/Tax - Code										
TOTAL PER UNIT →		0		0		0		0		0

Policy# PAP

Insureds Name:

SCHEDULE OF COVERED AUTOS

-----Coverage and Premium Breakdown-----

Page: 2

Company Unit Number Insured Unit Number	UNITS									
	31		32		33		34		35	
LIABILITY	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Liability										
Personal Injury Protection										
Additional Benefits										
Medical Expense										
Work Loss										
AccDeath/SurvivorLoss										
Funeral Expense										
Combined First Party										
Catastrophic Medical										
Medical Payments										
Punitive Damage										
Uninsured Motorist BI										
Uninsured Motorist PD										
UNDERinsured Motorist BI										
UNDERinsured Motorist PD										
Owned/Hired										
CSL/PD Deductible										
CSL/PD Deductible Factor										
Rating Code/Line Code										
Rating Factor %										
Zone Group/Trailer Discnt										
LIABILITY TOTAL →		0		0		0		0		0

PHYSICAL DAMAGE	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Cost New										
Estimated Value										
Depreciated Value										
Dumping Code										
Dumping Deductible										
Seating Capacity										
Rating Code/Line Code										
Rating Factor %										
Stated Amount/Zones										
Owned/Hired										
	Amount		Amount		Amount		Amount		Amount	
Loss of Use										
Rental Reimbursement										
Tarps/Chains Value										
Audio Visual Data Value										
	Deductible		Deductible		Deductible		Deductible		Deductible	
Comprehensive										
Specified Cause of Loss										
Collision										
PHYSICAL DAMAGE TOTAL →		0		0		0		0		0

Premium to Value %										
PREMIUM TOTAL PER UNIT →		0		0		0		0		0

State Surchg/Tax - Code										
Co. Surchg/Tax - Code										
City Surchg/Tax - Code										
TOTAL PER UNIT →		0		0		0		0		0

Policy# PAP

Insureds Name:

SCHEDULE OF COVERED AUTOS

-----Coverage and Premium Breakdown-----

Page: 2

Company Unit Number Insured Unit Number	UNITS									
	36		37		38		39		40	
LIABILITY	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Liability										
Personal Injury Protection										
Additional Benefits										
Medical Expense										
Work Loss										
AccDeath/SurvivorLoss										
Funeral Expense										
Combined First Party										
Catastrophic Medical										
Medical Payments										
Punitive Damage										
Uninsured Motorist BI										
Uninsured Motorist PD										
UNDERinsured Motorist BI										
UNDERinsured Motorist PD										
Owned/Hired										
CSL/PD Deductible										
CSL/PD Deductible Factor										
Rating Code/Line Code										
Rating Factor %										
Zone Group/Trailer Discnt										
LIABILITY TOTAL →		0		0		0		0		0

PHYSICAL DAMAGE	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium	Rating	Premium
Cost New										
Estimated Value										
Depreciated Value										
Dumping Code										
Dumping Deductible										
Seating Capacity										
Rating Code/Line Code										
Rating Factor %										
Stated Amount/Zones										
Owned/Hired										
	Amount		Amount		Amount		Amount		Amount	
Loss of Use										
Rental Reimbursement										
Tarps/Chains Value										
Audio Visual Data Value										
	Deductible		Deductible		Deductible		Deductible		Deductible	
Comprehensive										
Specified Cause of Loss										
Collision										
PHYSICAL DAMAGE TOTAL →		0		0		0		0		0

Premium to Value %										
PREMIUM TOTAL PER UNIT →		0		0		0		0		0

State Surchg/Tax - Code										
Co. Surchg/Tax - Code										
City Surchg/Tax - Code										
TOTAL PER UNIT →		0		0		0		0		0

ENDORSEMENT SCHEDULE

NUMBER	FORM / ENDORSEMENT DESCRIPTION

ADDITIONAL INSURED - LESSOR

SCHEDULE # _____

DESCRIPTION OF LEASED "AUTOS"

[illegible]

* If value is shown, coverage is limited to lesser of Insured Value or ACV.

** If the "BODY TYPE" indicated above is a "dump" unit, the otherwise applicable deductible is doubled while loading or unloading in the course of a dumping operation.

LOSS PAYABLE CLAUSE

SCHEDULE # _____

DESCRIPTION OF "AUTOS"

[illegible]

* If value is shown, coverage is limited to lesser of Insured Value or ACV.

** If the "BODY TYPE" indicated above is a "dump" unit, the otherwise applicable deductible is doubled while loading or unloading in the course of a dumping operation.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CANADIAN FILING SCHEDULE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

X – INDICATES PROVINCES FOR WHICH A FILING HAS BEEN MADE FOR YOU.							
ALBERTA	<input type="checkbox"/>	BRITISH COLUMBIA	<input type="checkbox"/>	MANITOBA	<input type="checkbox"/>	NEW BRUNSWICK	<input type="checkbox"/>
NEWFOUNDLAND – SAINT JOHNS	<input type="checkbox"/>	NEWFOUNDLAND – LABRADOR	<input type="checkbox"/>	NEWFOUNDLAND – ALL OTHER	<input type="checkbox"/>	NORTHWEST TERRITORIES	<input type="checkbox"/>
NOVA SCOTIA	<input type="checkbox"/>	ONTARIO	<input type="checkbox"/>	PRINCE EDWARD ISLAND	<input type="checkbox"/>	QUEBEC	<input type="checkbox"/>
SASKATCHEWAN	<input type="checkbox"/>	YUKON	<input type="checkbox"/>				

Attached to and forming part of Policy No.

issued by State National Insurance Company, herein called Company, of Fort Worth, Texas

to _____ of _____

Dated at _____ this _____ day of _____, 20__.

Countersigned by _____
Authorized Representative

We will give you a minimum of fifteen (15) days prior notice in the event of cancellation, lapse of coverage, or change that may reduce your coverage if we have made a filing on your behalf to any of the above PROVINCES which indicate ☒ after its name.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - SHIPPER

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated.

SCHEDULE

Additional Insured
SHIPPER

WHO IS INSURED under SECTION II – LIABILITY COVERAGE is amended to include as an “insured” the SHIPPER named above for claims arising out of or in the course of transporting or delivering, by “Covered Auto” any shipment you (insured) agreed to make on their (shipper) behalf.

CANCELLATION

- 1) If we cancel your policy, we will mail notice to the SHIPPER in accordance with the CANCELLATION provisions of the Common Policy Conditions.
- 2) If you cancel your policy, we will mail notice to the SHIPPER.
- 3) Cancellation ends this agreement.

THIS ENDORSEMENT shall not hold to vary, alter, waive or extend any terms, conditions, agreements or limitations of this policy or any endorsement attached hereto.

STATE NATIONAL INSURANCE COMPANY
8200 Anderson Boulevard, Fort Worth, TX 76120

NAMED INSURED:

POLICY NO.:

EFFECTIVE DATE OF CHANGE:

TRUCKERS COVERAGE FORM COVERAGE CHANGE ENDORSEMENT

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN – SEE SEPARATE SCHEDULE OF COVERED “AUTOS”

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	PREMIUM
	\$	\$	\$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	RATE	MAX. NO. OF AUTOS IN POSSESSION	COVERAGE DAYS	ESTIMATED PREMIUM
COMPREHENSIVE	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto, but no deductible applies to loss caused by fire or lightning.	\$			\$
SPECIFIED CAUSES OF LOSS	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto..	\$			\$
COLLISION	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto.	\$			\$
TOTAL PREMIUM					\$

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver or lessor or an employee of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE
SCHEDULE FOR NON-OWNERSHIP LIABILITY

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number Of Partners		\$
TOTAL		\$

ITEM SIX
TRAILER INTERCHANGE INSURANCE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE		RATE	MAX. NO. OF TRAILERS IN POSSESSION	TRAILER DAYS	ESTIMATED PREMIUM
COMPREHENSIVE	Actual Cash Value, Cost of Repair, or	\$ \$ whichever is less, minus ded. for each covered "trailer".	\$			\$
SPECIFIED CAUSES OF LOSS		\$ \$ whichever is less, minus ded. for each covered "trailer".	\$			\$
COLLISION		\$ \$ whichever is less, minus ded. for each covered "trailer".	\$			\$
TOTAL PREMIUM						\$

SURCHARGE/TAX FOR MISCELLANEOUS COVERAGES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
 BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
 GARAGE COVERAGE FORM
 MOTOR CARRIER COVERAGE FORM
 TRUCKERS COVERAGE FORM

COVERAGE ITEM	State	County	City	Other	TOTAL AMOUNT
ITEM FOUR – Hired/Borrowed Covered Autos Amount Due (Code – if applicable)	\$	\$	\$	\$	\$
ITEM FIVE - Non-Ownership Liability Amount Due (Code – if applicable)	\$	\$	\$	\$	\$
ITEM SEVEN - Trailer Interchange Insurance Amount Due (Code – if applicable)	\$	\$	\$	\$	\$
Trailer Interchange Endorsement (L 2005) Amount Due (Code – if applicable)	\$	\$	\$	\$	\$
TRUCKERS – NAMED LESSEE AS INSURED (L 1095) Amount Due (Code – if applicable)	\$	\$	\$	\$	\$

STATE NATIONAL INSURANCE COMPANY
8200 Anderson Boulevard, Fort Worth, TX 76120

NAMED INSURED:

POLICY NO.:

EFFECTIVE DATE OF CHANGE:

**DECLARATIONS – BUSINESS AUTO PHYSICAL DAMAGE
POLICY
COVERAGE CHANGE ENDORSEMENT**

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN – SEE SEPARATE SCHEDULE OF COVERED “AUTOS”

ITEM FOUR

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	RATE	MAX. NO. OF AUTOS IN POSSESSION	COVERAGE DAYS	ESTIMATED PREMIUM
COMPREHENSIVE	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto, but no deductible applies to loss caused by fire or lightning.	\$			\$
SPECIFIED CAUSES OF LOSS	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto..	\$			\$
COLLISION	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto.	\$			\$
TOTAL PREMIUM					\$

INSPECTION NOTICE

An investigation may be made regarding you and/or your company with respect to general reputation, business ethics and practices, as well as the condition of any property or operations we insure for you, including information regarding any "autos" used in your business and the motor vehicle records of those drivers operating the insured "autos". This investigation may also include information concerning your partners, officers and employees.

You may request information on the nature and scope of a report completed in connection with this policy by writing to:

STATE NATIONAL INSURANCE COMPANY

8200 Anderson Boulevard

Fort Worth, TX 76120

Attention: Underwriting Department

ADDITIONAL POLICY DEFINITIONS

The ensuing definitions apply to the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

COST OF HIRE

Cost of Hire means:

The total dollar amount of costs you incurred for the hire of "autos". This includes:

The total remunerations of all operators and drivers helpers, of hired "autos" whether hired with a driver or lessor or an employee of the lessee, or any other third party, and

1. The total dollar amount of any other cost (i.e. repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

GROSS RECEIPTS

"Gross Receipts" (Gross Revenue) means the total amount you earned for the shipping or transporting of property during the policy period regardless of whether you or any other carrier originated the shipment or transportation.

"Gross Receipts" includes:

1. The total amount earned from the rental of equipment, with or without drivers, to any person or organization not engaged in the business of transporting property for hire by automobile, and
2. The total amount earned from the rental of equipment, with or without drivers, to any person or organization engaged in the business of transporting property for hire by automobile.

"Gross Receipts" does not include:

1. Amounts you pay to railroads, steamship lines or other maritime transports, airline and other motor carriers operating under their own permits.
2. Taxes which you collect as a separate item and remit directly to a governmental division.
3. C.O.D. collections for cost of mail or merchandise including collection fees.
4. Warehouse storage fees.
5. Advertising Revenue.

MILEAGE

"Mileage" mean the actual miles traveled by all covered "autos", loaded or unloaded, during the policy period whether the shipment was made with you or another trucker. "Mileage" shall include the actual "mileage" developed from rented "autos", with or without drivers.

COVERAGE DAYS

The sum total number of days, or part of a day, that any one "auto" is used by or for your business.

SCHEDULE RATING CREDITS/DEBITS

THE FOLLOWING COVERAGES HAVE BEEN SCHEDULE RATED:
DURING THE TERM OF THIS POLICY ALL ELIGIBLE PREMIUM WILL REFLECT THE FOLLOWING CREDITS
AND/OR DEBITS.

CHARACTERISTICS OF YOUR BUSINESS THAT GENERATED CREDITS OR DEBITS	CREDITS	DEBITS
TOTAL CREDITS AND DEBITS	%	%
Net Schedule Modification	%	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DUMPING ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

The physical damage deductibles noted on the declarations will be doubled for all scheduled dump units if a loss occurs while loading or unloading in the course of a dumping operation.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - SHIPPER

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

SCHEDULE

Additional Insured
SHIPPER

WHO IS INSURED under SECTION II – LIABILITY COVERAGE, of the policy this endorsement is attached to, is amended to include as an “insured” the SHIPPER named in the schedule above if, and only if, a “covered auto”, as defined by the policy, is being used to ship, move, transport, or carry materials, goods, or the like and it is judicially determined that the ADDITIONAL INSURED (SHIPPER named above) is vicariously liable for the acts of the Named Insured.

CANCELLATION

- 1) if we cancel your policy, we will mail notice to the SHIPPER in accordance with the CANCELLATION provisions of the Common Policy Conditions.
- 2) If you cancel your policy, we will mail notice to the SHIPPER.
- 3) Cancellation ends this agreement.

This endorsement shall not hold to vary, alter, waive or extend any terms, conditions, agreements or limitations of This policy or any endorsements attached hereto.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - BROKER

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

SCHEDULE

Additional Insured
BROKER

WHO IS INSURED under SECTION II – LIABILITY COVERAGE is amended to include as an “insured” the BROKER named above for claims arising out of or in the course of transporting or delivering, by a “Covered Auto”, any shipment you (insured) agreed to make on their (broker) behalf.

CANCELLATION

- 1) if we cancel your policy, we will mail notice to the BROKER in accordance with the CANCELLATION provisions of the Common Policy Conditions.
- 2) If you cancel your policy, we will mail notice to the BROKER.
- 3) Cancellation ends this agreement.

This endorsement shall not hold to vary, alter, waive or extend any terms, conditions, agreements or limitations of This policy or any endorsements attached hereto.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - BROKER

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated.

SCHEDULE

Additional Insured
BROKER

WHO IS INSURED under SECTION II – LIABILITY COVERAGE of the policy this endorsement is attached to, is amended to include as an “insured” the BROKER named in the schedule above if, and only if, a “covered auto”, as defined by the policy, is being used to ship, move, transport, or carry materials, goods, or the like and it is judicially determined that the ADDITIONAL INSURED (BROKER named above) is vicariously liable for the acts of the Named Insured.

CANCELLATION

- 1) if we cancel your policy, we will mail notice to the BROKER in accordance with the CANCELLATION provisions of the Common Policy Conditions.
- 2) If you cancel your policy, we will mail notice to the BROKER.
- 3) Cancellation ends this agreement.

This endorsement shall not hold to vary, alter, waive or extend any terms, conditions, agreements or limitations of this policy or any endorsements attached hereto.

ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated.

SCHEDULE	
Name of Person or Organization :	
Address :	
Premium :	

SECTION II - LIABILITY COVERAGE

WHO IS AN INSURED is changed to include as an insured the person or organization shown in the above **SCHEDULE** only if they are liable for the conduct of an insured shown in the WHO IS AN INSURED provisions and only to the extent of that liability.

Coverage provided by this endorsement applies to "Autos" described in the **SCHEDULE OF COVERED AUTOS**.

The coverage provided by this endorsement ends when the Additional Insured is not liable for your conduct your conduct or the Policy Expiration Date, whichever occurs first.

STATE NATIONAL INSURANCE COMPANY
8200 Anderson Boulevard, Fort Worth, TX 76120

Attached to and forming part of Policy Number:

Effective:

To:

ISSUED TO :

This endorsement attached to L 1218 12 95 A-ADDITIONAL INSURED.

EQUIPMENT PROVIDER LIST
 (CHECK APPROPRIATE PROVIDERS BELOW)

- | | |
|---|---|
| <input type="checkbox"/> Americana Ships acting on behalf of
(Lykes/TMM/Deppe) | <input type="checkbox"/> Maruba SCA (*) |
| <input type="checkbox"/> Amtrek – National Railroad Passenger Corp. | <input type="checkbox"/> Matson Navigation Company (*) (**) |
| <input type="checkbox"/> APL Limited (*) (**) | <input type="checkbox"/> Medterrian Shipping Co. |
| <input type="checkbox"/> Atlantic Container Lines (*) | <input type="checkbox"/> MOL (America), Inc. (Mitsui) |
| <input type="checkbox"/> Atlanticargo/Star Shipping | <input type="checkbox"/> Nippon Yusen Kaisha (NYK Line North America) |
| <input type="checkbox"/> Burlington Northern Santa Fe | <input type="checkbox"/> Nordana Line (*) (**) |
| <input type="checkbox"/> Canadian National/Illinois Central Railroad (*) | <input type="checkbox"/> Norfolk Southern Coporation (*_ |
| <input type="checkbox"/> China Shipping Container Line | <input type="checkbox"/> Oldendorff Carriers (Indotrans) |
| <input type="checkbox"/> CMA-CGM America | <input type="checkbox"/> OOCL (USA), Inc. (*) (**) |
| <input type="checkbox"/> Compania Chilena De Navegacion Interocceanica S.A
(C.C.N.I.) (*) | <input type="checkbox"/> P&O Nedlloyd Limited(*) |
| <input type="checkbox"/> Compania Sud-Americana De Vapores
c/o ATG (CSAV/Montemar/Libra/ NorAsia) (**) | <input type="checkbox"/> Pacer Int'l., Inc. (Pacer Stacktrain) (*) (**) |
| <input type="checkbox"/> Contship Container Line | <input type="checkbox"/> Safbank Lines, Ltd. (*) |
| <input type="checkbox"/> CSX Intermodel (*) | <input type="checkbox"/> Safmerine Container Line N.V. (*) |
| <input type="checkbox"/> CSX Lines, LLC | <input type="checkbox"/> Satellite Intermodel Express |
| <input type="checkbox"/> CSX Lines of Puerto Rico, Inc. | <input type="checkbox"/> Sea Star Lines, LLC. (*) (**) |
| <input type="checkbox"/> CSX Lines of Alaska, LLC | <input type="checkbox"/> Senator Lines GmbH |
| <input type="checkbox"/> Eimskip USA, Inc. | <input type="checkbox"/> Shipping Corporation of India |
| <input type="checkbox"/> Fesco Shipping Agencies, N.A. | <input type="checkbox"/> Sinotrans Shipping Agency(*) (**) |
| <input type="checkbox"/> Great Western Steamship Company | <input type="checkbox"/> Tecmarine Lines, Inc. |
| <input type="checkbox"/> Hanajin Shipping Co., Ltd | <input type="checkbox"/> Tidewater Barge Lines (*) |
| <input type="checkbox"/> Hapag-Lloyd (America) Inc. (*) (**) | <input type="checkbox"/> TIP International Services |
| <input type="checkbox"/> HSCA Logistics (agents for Hamburg Sued) (*)
(Formerly Columbus Line USA, Inc.) | <input type="checkbox"/> Torm Lines |
| <input type="checkbox"/> Hyundai Merchant Marine, Inc, | <input type="checkbox"/> Trans-Pacific Lines Limited |
| <input type="checkbox"/> Italian Lines | <input type="checkbox"/> Turkon Container Transportation & Shipping, Inc. |
| <input type="checkbox"/> K-Line (Kawaski Kisen Kaisha, Ltd.) (*) | <input type="checkbox"/> Union Pacific Railroad Co. (**) |
| <input type="checkbox"/> Kien Hung Shipping Co., Ltd. | <input type="checkbox"/> United Arab Shipping Company, c/o United Arab Agencies |
| <input type="checkbox"/> Maersk Line (*) | <input type="checkbox"/> Vespucci Marine dba Carolina Caribbean |
| | <input type="checkbox"/> Virginia International Terminals, Inc. |
| | <input type="checkbox"/> Yangming Marine Transport., c/o Solar International |

 Countersigned _____
 (Date)

 By: _____
 (Authorized Representative)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RETROSPECTIVE ENDORSEMENT

THIS ENDORSEMENT APPLIES TO THE FOLLOWING COVERAGE(s): Physical Damage Coverages

RETROSPECTIVE RATING PLAN

The above coverage(s) are subject to RETROSPECTIVE RATING. This means your final premium for those coverage(s) will be adjusted based on your experience, after the expiration date of your policy.

The application of the "Retrospective Premium" will be within three (3) months after your policy expiration. We will determine your "Retrospective Premium" using the Retrospective Premium Formula.

If there are any open claims three (3) months after expiration, the retrospective premium adjustment will be delayed until such time as those claims have been closed.

If we cancel your policy or if you terminate your policy, for a reason other than you are no longer in business, no retrospective adjustment will apply.

RETROSPECTIVE PREMIUM FORMULA

A = "Provisional Premium"

B = Less the Greater of:

1. "Basic Premium" ("Provisional Premium" x .40) + "Incurred Losses" and "LAE"
2. "Provisional Premium" x Retrospective Adjustment Factor

C = Retrospective Return Premium

RETROSPECTIVE ADJUSTMENT FACTORS

The Maximum Credit to be assigned under this rating plan will be determined from the following table:

YOUR ANNUAL PROVISIONAL PREMIUM		MAXIMUM CREDIT	ADJUSTMENT FACTOR
0	- 5,000	0%	1.00
5,000	- 20,000	20%	.80
20,001	- 50,000	25%	.75
50,001	- 250,000	30%	.70
250,001	- +	35%	.65

(This plan does not provide for a debit modification)

DEFINITIONS

"Provisional Premium" is your final premium at expiration before application of this Retrospective Rating Plan.

"Retrospective Premium" is your final premium after application of this Retrospective Rating Plan.

"Basic Premium" is the charge (premium) we require for the operating expenses of this rating plan excluding Loss or "Loss Adjustment Expenses".

"Incurred Losses" means all sums, paid by us, for any Loss or Claim for Damage covered by your policy including Loss and "Loss Adjustment Expenses".

"Loss Adjustment Expenses" ("LAE") means all sums paid by us in the settlement of any Loss or Claim for Damage covered by your policy.

Accepted by:

Countersigned at _____

Signature of NAMED INSURED

Date

on the ____ day of _____, 20__.

(If you are a corporate entity, show your title : _____)

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

CATASTROPHIC LOSS ENDORSEMENT

(Commercial Automobile Physical Damage Coverage)

In consideration of the premium charged for this endorsement it is hereby understood and agreed that this policy is amended as follows:

In the event of a **CATASTROPHIC LOSS**, our aggregate limit of liability for all "autos" you own that are:

a. between the ages of _____ & _____ years old

or

b. that are older than _____ years old

shall not exceed

\$_____ subject to a deductible of _____ per occurrence.

The term **CATASTROPHIC LOSS** shall mean any direct and accidental "loss" or damage arising out of or following any one event or occurrence.

The term **CATASTROPHIC LOSS** shall not include "loss" caused by collision or upset.

This endorsement shall not hold to vary, alter, waive or extend any other terms, conditions, agreements or limitations of the policy or any endorsement attached thereto.

This endorsement has been explained to me by my agent/broker and I understand its terms and conditions clearly.

Date : _____

Signature of the Insured

Title (Owner, Partner, President, Secretary etc.)

POLICY REPORTING FORM

(composite rating form)

(TYPE OF COVERAGE GOES HERE)

Schedule of Computation

- | | | | |
|---|-------|-------------------------|----|
| 1. Estimated | | | |
| 2. Annual Rate Per | | | \$ |
| 3. Estimated Annual Premium | | | \$ |
| 4. Escrow Deposit | | | \$ |
| 5. Due Date for Escrow Deposit – upon issuance of this policy | | | |
| 6. Annual Minimum Premium | | | \$ |
| 7. Reporting Period: | Rate: | Monthly Minimum Premium | \$ |

	From	To	Report Due by
1.			

Countersigned by: _____
(Authorized Representative)

REPORTING CONDITIONS

If "you" have a reporting policy, the following conditions apply:

- 1) The Escrow Deposit shown on the front of this form is due upon issuance of this policy. The Escrow Deposit may take the form of Cash Collateral, or an acceptable Letter of Credit.
- 2) All additions, deletions or changes which effect coverage must be reported each reporting period.
- 3) Each report, based on the method of reporting, will be due and the premium payable within ten (10) days after the end of each reporting period.
- 4) "We" compute "your" premium by multiplying the applicable rate(s) shown on the front of this form by the premium basis "you" have reported (or which was determined by "us" at audit), as of the last day for which coverage was afforded, subject to the applicable monthly and/or annual minimum premium.
- 5) "You" must keep an accurate record of all information pertaining to this insurance for the period of coverage. "We" have the right to audit your books and other records at any time during the policy period and up to one (1) year thereafter.
- 6) If "your" policy is cancelled prior to the expiration, "you" must furnish "us" "your" final report which shall be inclusive up to 12:01 a.m. of the cancellation date.
- 7) Whether "your" policy is cancelled or remains in effect until expiration, the final adjustment of premium will be made as follows:
 - a) "we" will hold "your" Escrow Deposit until a final audit can be conducted after the cancellation or expiration date of the policy;
 - b) "we" will compare the total audited premium to the sum of the Escrow Deposit and all billed premium;
 - c) if the final audited premium is more than the billed premium, "you" must pay "us" the difference; "We" may utilize all or a portion of "your" Escrow Deposit to satisfy the final audited premium.
 - i) If "your" Escrow Deposit covers the entire additional premium due, "we" will refund (if Cash Collateral) or release (if Letter of Credit) any excess Escrow Deposit.
 - ii) If "your" Escrow Deposit does not cover the entire additional premium due, "you" must pay "us" the additional excess premium due.
 - d) if the final audited premium (after application of any annual minimum premium charge) is less than the billed premium, "we" will refund the difference; In this case, "we" will also refund (if Cash Collateral) or release (if Letter of Credit) "your" Escrow Deposit.
 - e) If the final audited premium (after application of any annual minimum premium charge) is equal to the billed premium, "we" will refund (if Cash Collateral) or release (if Letter of Credit) "your" Escrow Deposit.

DEFINITIONS

When used as a premium basis:

GROSS RECEIPTS

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker".

Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own Federal or State authority.
- B. Advertising Revenue
- C. Taxes which you collect as a separate item and remit directly to a governmental division
- D. C.O.D. collections for cost of mail or merchandise including collection fees
- E. Warehouse storage fees
- F. Fuel Surcharges

MILEAGE

Mileage means the total miles operated by all autos, loaded or unloaded, during the policy period. Mileage shall include the total miles developed from the rental of equipment, with or without drivers.

NUMBER OF AUTOS

Number of autos is all automobiles covered by the policy owned by others, but operated in the insured's trucking business (commonly referred to as Owner Operators).

VALUE

Value is original cost new if written on an "ACV" basis or the current value if written on a stated amount basis of all autos covered by the policy as provided by the insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SHIPPING CONTAINER LIMITATION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

YOUR POLICY MAY NOT PROVIDE COVERAGE FOR SHIPPING CONTAINERS YOU USE IN YOUR BUSINESS.

We will provide coverage for "loss" to any shipping containers you use in your business if your policy includes Trailer Interchange Coverage for shipping containers and there is no other coverage in force by our company or any other company.

However, we will not provide coverage for shipping containers if your Bill of Lading or shipping receipts include the shipping container(s) as property covered.

This endorsement is subject to the Limit of Insurance shown on this policy for shipping containers. This endorsement does not change or alter any other terms or conditions of your policy.

NOTICE

FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRAILER UNHOOKED COVERAGE

Your policy provides liability insurance for any trailer and/or semi-trailer you own which is not attached to (unhooked) a truck or tractor while it is at a terminal you own or lease or other place of garaging, parking or storing when not being used in business operations.

☐ Over 90% of unhooked trailers are protected (isolated) from the general public when not in use.

= TOTAL NUMBER OF TRAILERS I OWN
(notify us of any changes)

\$ = PREMIUM FOR THIS COVERAGE

Nothing in this endorsement shall hold to vary, waive, or extend any of the terms, conditions agreements or limitations of the policy or its endorsements.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRAILER LIABILITY COVERAGE ENDORSEMENT

Liability coverage (Section II of the Truckers Coverage Part) is extended to those coverages selected below :

☒ **TRAILER COVERAGE WHILE ATTACHED TO A POWER UNIT**

Item Three of the Truckers Declaration page (Schedule of Covered Autos You Own) is amended as follows :

Liability coverage afforded to a scheduled power unit also applies to any **attached** trailer or semi-trailer, subject to all conditions and other terms of the policy.

☐ **UNHOOKED COVERAGE**

Liability coverage is extended to any trailer and/or semi-trailer you own which is **not attached** to (unhooked) a truck or tractor while it is at a terminal you own or lease or other place of garaging, parking or storing when **not being used** in business operations.

The premium for this liability coverage, per trailer, is shown in the Schedule of Covered Autos You Own.

Nothing in this endorsement shall hold to vary, waive, or extend any of the terms, conditions agreements or limitations of the policy or its endorsements.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PUNITIVE, EXEMPLARY
AND
EXTRACONTRACTUAL DAMAGE
EXCLUSION**

The following exclusion is added:

PUNITIVE, EXEMPLARY AND
EXTRACONTRACTUAL DAMAGE

This policy does not insure against or provide indemnity for fines, penalties, exemplary or punitive damages or any other type or kind of judgment or award which does not compensate the party benefiting from the award or judgment for any actual loss or damage sustained. Punitive or exemplary damages are those damages imposed to punish a wrongdoer and to deter others from similar conduct.

This exclusion applies to all coverages provided under this policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AGGREGATE DEDUCTIBLE ENDORSEMENT (PER ACCIDENT BASIS)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM
MOTOR TRUCK CARGO LIABILITY COVERAGE FORM

Our obligation to pay for losses covered by the policy will be reduced by any applicable deductible shown in the policy and its coverage parts, subject to a maximum aggregate deductible per accident shown in the Aggregate Deductible Schedule. The maximum aggregate deductible per accident, as selected below, applies separately to: each combination of a power unit towing a trailer involved in any one "loss," or to each combination of a power unit towing a trailer containing cargo involved in any one "loss."

AGGREGATE DEDUCTIBLE SCHEDULE

All Physical Damage Coverage	\$
All Physical Damage Coverage & Motor Truck Cargo Coverage	\$

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTOMOBILE - OWNER ONLY LEASED VEHICLE EXCESS LIABILITY COVERAGE FOLLOW FORM

**VARIOUS PROVISIONS IN THE POLICY RESTRICT COVERAGE. READ THE ENTIRE
POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES AND WHAT IS AND IS NOT
COVERED**

(Difference between underlying coverage and \$1,000,000 CSL)

Throughout this policy, the words "you" and "your" refer to the Named Insured as shown on the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance.

The insurance provided by this policy shall be excess over the policy as shown on the Declarations as Underlying Insurance. Undefined terms below shall have the meaning provided in the Underlying Insurance.

LIMIT OF INSURANCE

Regardless of the number of claims made under this policy, the most we will pay is the combined single limit of \$1,000,000 per occurrence reduced by the greater of:

1. The sum of all applicable limit(s) for "Bodily Injury" (\$100,000 Each Person, \$300,000 Each Accident) and/or "Property Damage" (\$50,000 Each Accident), OR
2. The aggregate amount of all valid and collectible insurance available to the Named Insured whether primary, excess, contingent or on any other basis.

The combined single limit of \$1,000,000 shall be reduced by the greater of 1. or 2. above.

SECTION II – LIABILITY COVERAGE

The policy is amended by adding the following provisions:

A. Coverage

We will pay on behalf of the Named Insured that portion of the "loss" for "bodily injury" or "property damage" arising out of the ownership, maintenance, or use of a "leased auto" while leased to others by the Named Insured, that the Named Insured will become legally obligated to pay as damages by reason of exhaustion of all applicable underlying limits, whether collectible or not, as shown on the Declarations under the caption, Underlying Insurance, subject to all of the following provisions:

1. The terms and conditions of the Underlying Insurance policy as shown on the Declarations under the caption, Underlying Insurance; AND
2. The Limit of Insurance as indicated below; AND
3. The Exclusion listed below (which is added to any other exclusions provided by Underlying Insurance).

B. Exclusions

UNDER NO CIRCUMSTANCES DOES THIS POLICY AFFORD ANY COVERAGE TO:

1. Any lessee or rentee;
2. Any employee or agent of any lessee or rentee; or
3. Any person operating an "auto" with the permission of any of the above.

SECTION IV – BUSINESS AUTO CONDITIONS

A. Loss Conditions

Notification of Accidents and Occurrences

You must see to it that we are notified as soon as practicable of any accident or occurrence which may result in any claim or suit under this policy.

B. General Conditions

1. Bankruptcy or Insolvency

Your bankruptcy, insolvency or inability to pay or the bankruptcy, insolvency or inability to pay of any of your underlying insurers will not relieve us from the payment of any claim covered by this policy.

But under no circumstances will such bankruptcy, insolvency or inability to pay require us to drop down and replace the Underlying Insurance or assume any obligation within the Underlying Insurance area.

The policy is amended by adding the following additional conditions:

9. CHANGES

You must promptly notify us of any coverage or limit changes made after the inception date of this policy to the First Underlying Insurance Policy as shown on the Declarations.

10. DEFENSE

We will not be obligated to assume charge of the investigation, settlement or defense of any claim made, suit brought or proceeding instituted against the Insured. We will, however, have the right and shall be given the opportunity to participate in the defense and trial of any claims, suits or proceedings relative to any accident or occurrence which, in our opinion, may create liability on our part under the terms of this policy. If we exercise such right, we will do so at our own expense.

11. PREMIUM

The first Named Insured as shown on the Declarations shall be responsible for payment of all premiums when due.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AUTOMOBILE – OWNER ONLY LEASED VEHICLE EXCESS LIABILITY COVERAGE FOLLOW FORM

**VARIOUS PROVISIONS IN THE POLICY RESTRICT COVERAGE. READ THE ENTIRE
POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES AND WHAT IS AND IS NOT
COVERED**

(Difference between underlying coverage and \$500,000 CSL)

Throughout this policy, the words "you" and "your" refer to the Named Insured as shown on the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance.

The insurance provided by this policy shall be excess over the policy as shown on the Declarations as Underlying Insurance. Undefined terms below shall have the meaning provided in the Underlying Insurance.

LIMIT OF INSURANCE

Regardless of the number of claims made under this policy, the most we will pay is the combined single limit of \$500,000 per occurrence reduced by the greater of:

1. The sum of all applicable limit(s) for "Bodily Injury" (\$100,000 Each Person, \$300,000 Each Accident) and/or "Property Damage" (\$50,000 Each Accident), OR
2. The aggregate amount of all valid and collectible insurance available to the Named Insured whether primary, excess, contingent or on any other basis.

The combined single limit of \$500,000 shall be reduced by the greater of 1. or 2. above.

SECTION II – LIABILITY COVERAGE

The policy is amended by adding the following provisions:

A. Coverage

We will pay on behalf of the Named Insured that portion of the "loss" for "bodily injury" or "property damage" arising out of the ownership, maintenance, or use of a "leased auto" while leased to others by the Named Insured, that the Named Insured will become legally obligated to pay as damages by reason of exhaustion of all applicable underlying limits, whether collectible or not, as shown on the Declarations under the caption, Underlying Insurance, subject to all of the following provisions:

1. The terms and conditions of the Underlying Insurance policy as shown on the Declarations under the caption, Underlying Insurance; AND
2. The Limit of Insurance as indicated below; AND
3. The Exclusion listed below (which is added to any other exclusions provided by Underlying Insurance).

B. Exclusions

UNDER NO CIRCUMSTANCES DOES THIS POLICY AFFORD ANY COVERAGE TO:

1. Any lessee or rentee;
2. Any employee or agent of any lessee or rentee; or
3. Any person operating an "auto" with the permission of any of the above.

SECTION IV – BUSINESS AUTO CONDITONS

A. Loss Conditions

Notification of Accidents and Occurrences

You must see to it that we are notified as soon as practicable of any accident or occurrence which may result in any claim or suit under this policy.

B. General Conditions

1. Bankruptcy or Insolvency

Your bankruptcy, insolvency or inability to pay or the bankruptcy, insolvency or inability to pay of any of your underlying insurers will not relieve us from the payment of any claim covered by this policy.

But under no circumstances will such bankruptcy, insolvency or inability to pay require us to drop down and replace the Underlying Insurance or assume any obligation within the Underlying Insurance area.

The policy is amended by adding the following additional conditions:

9. CHANGES

You must promptly notify us of any coverage or limit changes made after the inception date of this policy to the First Underlying Insurance Policy as shown on the Declarations.

10. DEFENSE

We will not be obligated to assume charge of the investigation, settlement or defense of any claim made, suit brought or proceeding instituted against the Insured. We will, however, have the right and shall be given the opportunity to participate in the defense and trial of any claims, suits or proceedings relative to any accident or occurrence which, in our opinion, may create liability on our part under the terms of this policy. If we exercise such right, we will do so at our own expense.

11. PREMIUM

The first Named Insured as shown on the Declarations shall be responsible for payment of all premiums when due.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCESS TO INCLUDE INTERIM CAR ENDORSEMENT

It is understood and agreed that the Owner Only Lease Automobile Excess Liability Coverage is extended to include "Interim Autos."

"Interim Autos" means an auto that at the time of accident or loss you own and intend to lease to others but is not yet assigned to a lessee under a written lease agreement, or an auto returned to you after the expiration or early termination of such a lease agreement while held for sale or reassignment under a new written lease agreement. Interim Auto does not mean an auto you own that is assigned to a specific person, organization, company, employee, or family member for their day-to-day use. Further, "Interim Auto" does not mean an "auto" furnished to anyone for any use other than in the furtherance of the Named Insured's leasing business.

This coverage will apply only if the proper underlying insurance on the "Interim Autos" is obtained and maintained by the Named Insured.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LEASING CONCERNS – INTERIM COVERAGE

SECTION I – COVERED AUTOS

A. Description Of Covered Auto Designation Symbols

The policy is amended by adding the following Symbol 11:

Symbol 11: INTERIM AUTO - Owned “autos” only that are “Interim Autos.”

SECTION II – LIABILITY COVERAGE

A. Coverage

Liability Coverage is amended by adding the following provision:

This insurance applies only to “Interim Autos.”

SECTION III – PHYSICAL DAMAGE COVERAGE

A. Coverage

The policy is amended by adding the following provision:

1.c. Our limit of liability for all “loss” directly attributable to a single occurrence out of which “loss” occurs shall not exceed, as to all covered “Interim Autos,” \$250,000 per occurrence.

Our limit of liability for all “loss” directly attributable to a single occurrence shall not exceed \$50,000 per covered “Interim Auto.”

SECTION V – DEFINITIONS

The policy is amended by adding the following:

“Interim Autos” means an “auto” that at the time of the “accident” or “loss” you own and intend to lease to others but is not yet assigned to a lessee under a written lease agreement, or an “auto” returned to you after the expiration or early termination of such a lease agreement while held for sale or reassignment under a new written lease agreement. INTERIM AUTO DOES NOT MEAN AN “AUTO” YOU OWN THAT IS ASSIGNED TO A SPECIFIC PERSON, ORGANIZATION, COMPANY, EMPLOYEE, OR FAMILY MEMBER FOR THEIR DAY TO DAY USE.

Further, “Interim Auto” does not mean an “auto” furnished to anyone for any use other than in the furtherance of the Named Insured’s leasing business.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LEASING CONCERNS – LESSORS CONTINGENT LIABILITY COVERAGE

SECTION I – COVERED AUTOS

A. Description Of Covered Auto Designation Symbols

The policy is amended by adding the following Symbol 10:

Symbol 10: OWNED "AUTOS" ONLY. Only those "autos" you own that qualify as "leased autos."

SECTION V – DEFINITIONS

This policy is amended by adding the following:

- Q.** "Leased auto" means an "auto" you own which you lease to a lessee for one year or more under a written lease agreement which requires the lessee to provide primary liability insurance for you.

SECTION II – LIABILITY COVERAGE

C. Limit of Insurance

The policy is amended by adding the following provisions:

Liability coverage and any required no-fault coverage and uninsured motorist coverage provided by the policy for a "leased auto" applies subject to the following provisions:

- 1. a.** The lessee has furnished you with satisfactory evidence of insurance to be followed by a certificate of insurance as evidence that such insurance as required under the lease agreement is in effect, and
 - b.** At the time of the accident the insurance required by the lease agreement is not collectible.
- 2.** For you, your employees or agents, the limit of liability for the insurance provided by this endorsement is the lesser of:
 - a.** The limits of liability required by the lease agreement, OR
 - b.** The limits of liability as provided for on the declarations page and the minimum limits required for any no-fault and uninsured/underinsured motorist coverage.
- 3.** For the lessee, the limit of our liability for the insurance provided by this endorsement is the minimum limits required by any applicable compulsory or financial responsibility law.
- 4.** Coverage under this endorsement ceases the date you regain custody of the "leased auto."

SECTION IV – BUSINESS AUTO CONDITIONS

B. General Conditions

The policy is amended by adding the following conditions:

- 9.** The coverage of this policy is upon the condition that every lease agreement relating to “leased autos” contain the following:
 - a.** A provision requiring the lessee to keep each “leased auto” insured during the term of the lease or any extension of the lease, with Liability insurance. This Liability insurance shall include your interest as an insured and provide limits of liability of not less than \$100,000 per person and \$300,000 per occurrence Bodily Injury and \$50,000 per occurrence Property Damage and the minimum limits required by any no-fault and uninsured/underinsured motorist law. Such insurance shall provide for not less than ten (10) days written notice of cancellation to you.
 - b.** An agreement that, prior to the delivery of any “leased auto” and prior to any renewal or substitution of insurance, the lessee provides you with satisfactory evidence of insurance to be followed by a certificate of insurance as evidence that such insurance as required under the lease agreement is in effect.
 - c.** An agreement that the lessee will hold you harmless and indemnify you against any claim and/or liability regardless of the nature, including attorneys fees and other expenses for the defense of such claim and/or liability imposed by law or otherwise, upon you, arising out of the maintenance, use or operation of any “auto” during the period that “auto” is leased from you.
- 10.** In every instance, you shall obtain, prior to the delivery of the “leased auto,” satisfactory evidence of insurance to be followed by the receipt of a certificate of insurance showing policy number, coverage on or before date of delivery to lessee, and containing endorsements or statements showing that the policy provides the lessee with primary limits of not less than those defined in Item 1.a. of Section D. Conditions, naming you as additional insured, and containing a provision to provide for not less than a ten (10) day notice of cancellation to you.
- 11.** At the time of loss, IN THE EVENT THAT YOU CANNOT PROVIDE EVIDENCE OF INSURANCE AS REQUIRED IN B.10. ABOVE, FOR ANY “LEASED AUTO,” THIS INSURANCE SHALL BE VOID AS RESPECTS THAT “AUTO.”
- 12.** Upon receipt of notice of cancellation or non-renewal from lessee's insurance company, you shall:
 - a.** Require the lessee to secure replacement coverage, or
 - b.** Undertake to secure replacement coverage yourself, or
 - c.** Institute actions as necessary to regain immediate possession of the “leased auto” by termination of the lease or otherwise, unless prohibited by law.
- 13.** The insurance provided by this endorsement is excess over any other collectable insurance, whether primary, excess or contingent.

LEASING CONCERNS – CONTINGENT PHYSICAL DAMAGE COVERAGE

**VARIOUS PROVISIONS IN THIS POLICY RESTRICT COVERAGE. READ THE ENTIRE POLICY
CAREFULLY TO DETERMINE RIGHTS, DUTIES AND WHAT IS AND IS NOT COVERED.**

PART I. – COVERED AUTOS

ITEM TWO of the Declarations shows the “autos” that are covered “autos” for each of “your” coverages. The following numerical symbol describes the “autos” that may be covered “autos.” The symbol entered next to a coverage on the Declarations designates the only “autos” that are covered “autos.”

A. DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS

SYMBOL DESCRIPTION – 10 = Owned "Autos" Only - only those “autos” “you” own that qualify as “leased autos.”

PART II. – DEFINES WORDS AND PHRASES WITH SPECIAL MEANING

The following words and phrases have special meaning throughout this policy:

- A.** “Collision” means any physical contact of the covered “auto” with another object or the accidental upset or overturn of the covered “auto.”
- B.** “Comprehensive” means “loss” to a covered “auto” or its equipment caused by fire, lightning, explosion, theft, windstorm, hail, falling objects, earthquake, flood, mischief, vandalism or the sinking, burning, “collision”, or derailment of any conveyance transporting the covered “auto.”
- C.** “You” and “Your” mean the person or organization shown as the named insured on the Declarations Page.
- D.** “Loss” means direct and accidental “loss” or damage.
- E.** “Leased Auto” means a motor vehicle or trailer owned by “you” and designed for travel on public roads; and leased by “you” to a lessee for one year or more under a written lease agreement, which requires the lessee to provide primary insurance for “you”.
- F.** “We,” “Us” and “Our” mean the company providing the insurance.
- G.** “Diminution in value” means actual or perceived loss in market value or resale value, which results from a direct and accidental “loss”.

PART III. – DESCRIPTION OF POLICY COVERAGE

A. PHYSICAL DAMAGE INSURANCE

Physical damage insurance provided by the policy for a “leased auto” applies subject to the following provisions:

1. The lessee has furnished “you” with satisfactory evidence of insurance to be followed by a certificate of insurance as evidence that such insurance as required under the lease agreement is in effect, and
2. At the time of the “loss” the insurance required by the lease agreement is not collectible.

B. WHAT IS COVERED

1. "We" will pay for "comprehensive" and "collision" "losses" to which this insurance applies suffered by covered "autos" or its equipment, subject to the deductibles stated on the Declarations Page.
2. At "our" option, "we" may:
 - a. Pay to repair or replace any damaged or stolen part or parts of the covered "auto" which was damaged or stolen as a result of a covered "comprehensive" or "collision" "loss;" or
 - b. Pay the actual cash value of the damaged or stolen covered "auto" at the time of "loss."
3. The most "we" will pay for a "loss" to any covered "auto" is the lesser of the following amounts:
 - a. The actual cash value of the damaged or stolen covered "auto" at the time of "loss;" or
 - b. The cost of repairing or replacing the damaged or stolen part or parts of the covered "auto" with part(s) of like kind and quality.

However, "our" limit of liability for any single "loss" will not exceed \$50,000 per "auto" and the aggregate limit for any one occurrence is \$250,000.

4. Deductibles

For each covered "auto," "our" obligation to pay for, repair, or replace the damaged or stolen covered "auto" will be reduced by the applicable deductible on the Declarations Page.

C. Coverage under this policy ceases the date "you" regain custody of the "leased auto."

D. WHAT IS NOT COVERED

This insurance does not apply to:

1. Wear and tear, freezing, mechanical or electrical breakdown unless caused by a covered "loss."
2. Blowouts, punctures or other road damage to tires unless caused by a covered "loss."
3. "Loss" caused by declared or undeclared war or insurrection or any of their consequences.
4. "Loss" caused by the explosion of a nuclear weapon, nuclear reaction or radiation, however caused.
5. "Loss" caused by radioactive contamination.
6. "Loss" to tape decks, other sound-reproducing equipment, citizen's band radios, two-way mobile radios, telephones, scanning monitor receivers, radar detection equipment, or their accessories. This exclusion does not apply if the equipment is permanently installed in the opening of the dash or console of the automobile normally used by the manufacturer for the installation of a radio.
7. "Loss" due to conversion, embezzlement or secretion by a lessee or other person in lawful possession of the covered "auto."
8. "We" will not pay for "Loss" to a covered "auto" due to "diminution in value".

E. WHERE AND WHEN THIS POLICY PROVIDES COVERAGE

"We" will cover "losses" that occur during the policy period shown in the Declarations in the United States of America, its territories or possessions, Puerto Rico, or Canada, or in transit between any of these places.

PART IV. – CONDITIONS

A. CONDITIONS PRECEDENT TO RECOVERY

1. The coverage of this policy is upon the condition that every lease agreement relating to “leased autos” contain the following:
 - a. A provision requiring the lessee to keep each “leased auto” insured, during the term of the lease or any extension of the lease, for physical damage insurance which shall include both “comprehensive” and “collision” coverages. This physical damage insurance shall provide for not less than ten (10) days written notice of cancellation to “you”.
 - b. An agreement that prior to the delivery of any “leased auto” and prior to any renewal or substitution of insurance, the lessee provide “you” with satisfactory evidence of insurance to be followed by a certificate of insurance as evidence that such insurance as required under the lease agreement is in effect.
 - c. An agreement that the lessee’s insurance policy must:
 - (1) provide “collision” and “comprehensive” coverages;
 - (2) include deductibles required in the lease agreement; and
 - (3) name “you” or the lienholder as “loss” payee.
2. In every instance “you” shall obtain, prior to delivery of the “leased auto”, satisfactory evidence of insurance to be followed by the receipt of a certificate of insurance showing policy number, coverage on or before date of delivery to the lessee, and containing endorsements or statements showing that the policy provides the lessee with primary physical damage coverages with deductibles not more than those required in the lease agreement. The evidence and certificate of insurance must also name “you” or the lienholder as “loss” payee and provide for not less than ten (10) days written notice of cancellation to “you”.
3. At the time of “loss,” IN THE EVENT THAT “YOU” CANNOT PROVIDE EVIDENCE OF INSURANCE AS REQUIRED IN ITEM 2. ABOVE, FOR ANY “LEASED AUTO”, THIS INSURANCE SHALL BE VOID AS RESPECTS TO THAT “LEASED AUTO.”
4. Upon receipt of notice of cancellation or non-renewal from the lessee’s insurance company, you shall:
 - a. Require the lessee to secure replacement coverage, or
 - b. Undertake to secure replacement coverage yourself, or
 - c. Institute actions as necessary to regain immediate possession of the covered “auto” by termination of the lease or otherwise, unless prohibited by law.

B. YOUR DUTIES AFTER LOSS

1. “You” must promptly notify “us” of how, when and where any “loss” occurred.
2. Promptly notify the police if the “leased auto” or any of its equipment is stolen.
3. Additionally, “you” must:
 - a. Cooperate with “us” in the investigation, settlement or the conduct of any suit. “You” shall not, except at “your” own cost, voluntarily make any payment, assume any obligation or incur any expense.
 - b. Permit “us” to inspect and appraise the damaged covered “auto” before its repair or disposition.

- c. Do what is reasonably necessary after "loss" at "our" expense to protect the "leased auto" from further "loss."
- d. Submit a proof of "loss" when required by law.

C. OTHER INSURANCE

For any "leased auto," the insurance provided by this policy is excess over any other collectible insurance, whether primary, excess, or contingent.

D. OUR RIGHTS TO RECOVER FROM OTHERS

Any person to or for whom "we" make payment under this policy must transfer to "us" his or her rights of recovery against any other party. That person or organization must do everything necessary to secure these rights and do nothing that would jeopardize them.

E. CONCEALMENT, MISREPRESENTATION OR FRAUD

This Coverage Form is void in any case of fraud by you at any time as it relates to this Coverage Form. It is also void if you or any other "insured", at any time, intentionally conceal or misrepresent a material fact concerning:

- 1. This Coverage Form;
- 2. The covered "auto";
- 3. Your interest in the covered "auto"; or
- 4. A claim under the Coverage Form.

F. LEGAL ACTION AGAINST US

No legal action may be brought against "us" until there has been full compliance with all terms of this policy.

G. INSPECTION

At "our" option, "we" may examine and audit "your" books as far as they relate to the premium basis of the subject matter of this policy.

H. CHANGES

This policy contains all the agreements between "you" and "us". Its terms may not be changed or waived except by endorsement issued by "us". If a change requires a premium adjustment, "we" will adjust the premium as of the effective date of the change. If "we" revise the policy form to provide more coverage without an additional premium charge, "your" policy will automatically provide the additional coverage as of the date of the revision or if the revision is required by law, the effective date required by law, whichever is later.

I. TRANSFER OF YOUR INTEREST IN THIS POLICY

"Your" rights and duties under this policy may not be assigned without "our" written consent.

J. NO BENEFIT TO BAILEE

"We" will not recognize any assignment or grant any coverage for the benefit of any person or organization holding, storing or transporting property for a fee regardless of any provision of this policy.

K. BANKRUPTCY

Bankruptcy or insolvency of the insured shall not relieve "us" of any obligation under this policy.

L. APPRAISAL

1. If "you" or "we" fail to agree as to the amount of "loss", either may demand an appraisal of the "loss." In such event, "you" and "we" shall each select a competent appraiser, and the appraisers shall select a competent and disinterested umpire. The appraisers shall state separately the actual cash value and the amount of "loss" and, failing to agree, shall submit their differences to the umpire. An award in writing by the umpire shall determine the amount of "loss". "You" and "we" shall each pay the chosen appraiser and shall bear equally the other expenses of the appraisal and umpire.
2. "We" shall not be held to have waived any of "our" rights by any act relating to appraisal.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRAILER INTERCHANGE COVERAGE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

This endorsement provides only those coverages where a charge is shown in the premium column below.

SCHEDULE OF TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY – DEDUCTIBLE		RATE	MAX. NO. OF TRAILERS IN POSSESSION	TRAILER DAYS	ESTIMATED PREMIUM
COMPREHENSIVE	Actual Cash Value,	\$	whichever is less, minus deductible for each covered “trailer”	\$		\$
SPECIFIED CAUSES OF LOSS		\$	whichever is less, minus deductible for each covered “trailer”	\$		\$
COLLISION	Cost of Repair	\$	whichever is less, minus deductible for each covered “trailer”	\$		\$
		\$	whichever is less, minus deductible for each covered “trailer”	\$		\$
				TOTAL PREMIUM		\$

PHYSICAL DAMAGE INSURANCE

The PHYSICAL DAMAGE INSURANCE exclusion in Paragraph B of this endorsement is removed for each of the following coverages indicated by an ☒.

- ☐ COMPREHENSIVE
- ☐ SPECIFIED CAUSES OF LOSS
- ☐ COLLISION

A. The following **TRAILER INTERCHANGE COVERAGE** provisions are added :

1. COVERAGE

- a.** We will pay all sums you legally must pay as damages because of "loss" to a "trailer" you don't own or its equipment. The "trailer" must be in your possession under a written "trailer" or equipment interchange agreement in which you assume liability for "loss" to the "trailer" while in your possession.

b. We will pay for "loss" to the "trailer" under:

- (1)** Comprehensive Coverage. From any cause except:
- (a)** The "trailer's" collision with another object; or
- (b)** The "trailer's" overturn.
- (2)** Specified Causes of Loss Coverage. Caused by:

- (a) Fire, lightning or explosion;
 - (b) Theft;
 - (c) Windstorm, hail or earthquake;
 - (d) Flood;
 - (e) Mischief or vandalism; or
 - (f) The sinking, burning, collision or derailment of any conveyance transporting the "trailer".
- (3) Collision Coverage.** Caused by:
- (a) The "trailer's" collision with another object; or
 - (b) The "trailer's" overturn.
- c.** We have the right and duty to defend any "suit" asking for these damages. However, we have no duty to defend "suits" for "loss" not covered by this Coverage Form. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to defend or settle ends for a coverage when the Limit of Insurance for that coverage has been exhausted by payment of judgments or settlements.
- d. Coverage Extensions**
- Supplementary Payments. In addition to the Limit of Insurance, we will pay for you:
- (1)** All expenses we incur.
 - (2)** The cost of bonds to release attachments, but only for bond amounts within our Limit of Insurance.
 - (3)** All reasonable expenses, incurred at our request, including actual loss of earnings up to \$100 a day because of time off from work
 - (4)** All costs taxed against the "insured" in any "suit" we defend.

- (5)** All interest on the full amount of any judgment that accrues after entry of the judgment; but our duty to pay interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our Limit of Insurance.

2. EXCLUSIONS

- a.** We will not pay for "loss" caused by or resulting from any of the following. Such "loss" is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the "loss".

(1) Nuclear Hazard.

- (a)** The explosion of any weapon employing atomic fission or fusion; or
- (b)** Nuclear reaction or radiation, or radioactive contamination, however caused.

(2) War or Military Action.

- (a)** War, including undeclared or civil war;
- (b)** Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (c)** Insurrection, rebellion, revolution, usurped power or action taken by governmental authority in hindering or defending against any of these.

- b.** We will not pay for loss of use.

- c.** Other Exclusions.

We will not pay for "loss" caused by or resulting from any of the following unless caused by other "loss" that is covered by this insurance.

- (1)** Wear and tear, freezing, mechanical or electrical breakdown.

- (2) Blowouts, punctures or other road damage to tires.

3. LIMIT OF INSURANCE AND DEDUCTIBLE

The most we will pay for "loss" to any one "trailer" is the least of the following amounts minus any applicable deductible shown in the Schedule:

- a. The actual cash value of the damaged or stolen property at the time of the "loss".
- b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
- c. The Limit of Insurance shown in the Schedule.

C. PHYSICAL DAMAGE COVERAGE is changed by adding the following exclusion:

We will not pay for any "loss" to:

Any covered "auto" while in anyone else's possession under a written trailer interchange agreement. But this exclusion does not apply to a loss payee; however, if we pay the loss payee, you must reimburse us for our payment.

D. OTHER INSURANCE

Paragraphs c. and d. of the OTHER INSURANCE provision of the Business Auto Coverage Form are replaced by the following;

- c. Any Trailer Interchange Coverage provided by this Coverage Form is primary for any covered "auto".

- d. Regardless of the provisions of paragraphs a. and c. above, this Coverage Form's Liability Coverage is primary for any liability assumed under an "insured contract".

- e. When this Coverage Form and any other Coverage Form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our Coverage Form bears to the total of the limits of all the Coverage Forms and policies covering on the same basis.

Paragraph c. of the OTHER INSURANCE provision of the Business Auto Physical Damage Coverage Form is replaced by the following:

- c. Any Trailer Interchange Coverage provided by this Coverage Form is primary for any covered "auto".
- d. When this Coverage Form and any other Coverage Form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our Coverage Form bears to the total of the limits of all the Coverage Forms and policies covering on the same basis.

E. ADDITIONAL DEFINITION

The definition of "trailer" in the DEFINITIONS Section of the Business Auto Coverage Form is replaced by the following. For the Business Auto Physical Damage Coverage Form, this definition is added:

"Trailer" includes a semitrailer or a dolly used to convert a semitrailer into a trailer. But for Trailer Interchange Coverage only, "trailer" also includes a container.

COUNTERSIGNATURE ENDORSEMENT

(STATE NAME APPEARS HERE)

- ☐ Policy
- ☐ Endorsement

It is hereby understood and agreed that the signature shown below is the signature of the person authorized to countersign this policy on behalf of State National Insurance Company in the State indicated above and is in conformity with the insurance laws of that state.

The premium for this policy is \$

The premium for this endorsement is \$ Endorsement No: _____

Date of Countersignature: _____
Month, Day and Year

Countersigned by _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED INSURED CONTINUATION ENDORSEMENT

It is hereby understood and agreed that the named insured shown in item # 1 of the Declarations is extended to include as named insureds the following:

It is further agreed that all named insureds are owned and controlled by the same financial interest.

Nothing herein contained shall hold to vary, alter, waive or extend any of the terms, conditions, agreements or limitations of the policy or any endorsement attached thereto nor shall the inclusion of more than one insured operate to increase the limits of the company's liability.

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

CHANGE ENDORSEMENT # _____

Attached to and forming part of Policy Number _____ EFFECTIVE _____ TO _____

Issue Date: _____ Countersigned by _____
Authorized Company Representative

Effective Date: _____

AGENT:
Address:

INSURED:
Address:

POLICY CHANGES

This endorsement is subject to the declarations, conditions, and other terms of the policy which are consistent herewith, and when countersigned by an authorized representative of the company forms a part of the policy described herein.

Couriers --- Special Provisions

Hired Auto Liability/Non-Ownership Liability Coverages

As of the effective date shown above, it is hereby understood and agreed that:

In conjunction with the LCA 01 00 03 02 & CA 99 54 07 97 endorsements attached to the policy, and in consideration for the additional premium shown below, symbols 53 & 54 are hereby activated as covered by this insurance.

Additional Premium for Symbol 53 under this endorsement:	\$	included in symbol 54
Additional Premium for Symbol 54 under this endorsement:	\$	
Total Additional Premium for this endorsement:	\$	

All other terms and conditions of the policy remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PREMIUM PAYMENT NOTICE

The deposit premium stated herein is the sum to be paid on delivery of the policy. Premium payments shall be made to us in the amount and upon the dates stated below.

<u>Date</u> <u>Payable</u>	<u>Payment</u> <u>Deposit</u>	<u>Total</u> <u>Amounts</u>
	(1)	\$
	(2)	\$
	(3)	\$
	(4)	\$
	(5)	\$
	(6)	\$
	(7)	\$
	(8)	\$
	(9)	\$
TOTAL PAYMENT		\$

Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OF DRIVER ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO PHYSICAL DAMAGE COVERAGE FORM

In consideration of the continuation of this policy in force by us, it is agreed that we shall not be liable for "loss" or damage to any "auto" described in this policy, or to any other "auto" to which the terms of this policy are extended, while being driven or operated by the following named person.

Excluded Driver: _____

Endorsement Effective Date: _____

Accepted by:

Signature of EXCLUDED DRIVER

Signature of NAMED INSURED

(If Named Insured is a corporate entity, show title of officer signing.)

Countersigned _____ **20**____

at _____

By _____
Authorized Representative

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIABILITY DEDUCTIBLE CLAIMS SECURITY AGREEMENT

Named Insured:	Policy Number:

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
 BUSINESS AUTO NON-TRUCKING LIABILITY COVERAGE FORM
 GARAGE COVERAGE FORM
 MOTOR CARRIER COVERAGE FORM
 TRUCKERS COVERAGE FORM

SCHEDULE

Liability Deductible:	\$	Per "Accident"
"Bodily Injury" Deductible:	\$	Per Person
	\$	Per "Accident"
"Property Damage" Deductible:	\$	Per "Accident"

LIABILITY COVERAGE is changed as follows:

A. LIABILITY COVERAGE DEDUCTIBLE

The damages caused in any one "accident" that would otherwise be payable under LIABILITY COVERAGE will be reduced by the Liability Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

B. BODILY INJURY LIABILITY COVERAGE DEDUCTIBLES

1. Per Person

The damages that would otherwise be payable under LIABILITY COVERAGE FOR "bodily injury" sustained by any one person, in any one "accident", will be reduced by the "Bodily Injury" Per Person Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

2. Per Accident

The damages that would otherwise be payable under LIABILITY COVERAGE for all "bodily injury" caused in any one "accident" will be reduced by the "Bodily Injury" Per "Accident" Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**C. PROPERTY DAMAGE LIABILITY COVERAGE DEDUCTIBLE**

The damages that would otherwise be payable under LIABILITY COVERAGE FOR "property damage" caused in any one "accident" will be reduced by the "Property Damage" Per "Accident" Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

D. OUR RIGHT TO REIMBURSEMENT

To settle any claim or "suit" we may pay all or any part of any deductible shown in the Schedule. If this happens, you must reimburse us for the deductible or the part of the deductible we paid.

ADDITIONAL PROVISIONS AGREEMENT

Liability Claims Security Escrow Account \$

In consideration of the reduced premium charged for the Liability Deductible the Insured agrees to maintain the Liability Claims Security Escrow Account as indicated above. The security is subject to a monthly review and adjustment is based upon the reserves within the deductible amount.

It is hereby understood and agreed that the insured's failure to reimburse the Company for payment of the Liability Deductible or the insured's failure to replenish the Liability Claim's Security Escrow Account, within 60 days of billing, will be deemed failure to pay the policy premium and subject to the policy provisions for non-payment of premium. If the policy is cancelled for non-payment of premium for failure to reimburse the Liability Deductible or replenish the Claims Security Escrow Account the insured agrees to be responsible for all legal costs and expenses incurred by the Company including, without limitation, reasonable attorney's fees, incurred by State National Insurance Company in connection with the collection or enforcement of this Agreement.

The Notice of Cancellation for Non Payment of Premium will be mailed to the "Insured" in accordance with the Cancellation Provisions in the policy.

It is hereby understood and agreed that if the policy is cancelled for non payment of premium the Claims Security Escrow Account will not be released until after all claims have been satisfied or a minimum of 90 days after the cancellation or expiration of the policy, whichever period of time is longer.

Authorized Insured's Signature

Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIABILITY DEDUCTIBLE CLAIMS SECURITY AGREEMENT – SPECIFIED DRIVER

Named Insured:	Policy Number:

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
 BUSINESS AUTO NON-TRUCKING LIABILITY COVERAGE FORM
 GARAGE COVERAGE FORM
 MOTOR CARRIER COVERAGE FORM
 TRUCKERS COVERAGE FORM

SCHEDULE

Liability Deductible:	\$	Per "Accident"
Driver Name:		
Driver's License #:		
"Bodily Injury" Deductible:	\$	Per Person
	\$	Per "Accident"
"Property Damage" Deductible:	\$	Per "Accident"

LIABILITY COVERAGE is changed as follows:

A. LIABILITY COVERAGE DEDUCTIBLE

For the driver listed in the schedule, the damages caused in any one "accident" that would otherwise be payable under LIABILITY COVERAGE will be reduced by the Liability Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

B. BODILY INJURY LIABILITY COVERAGE DEDUCTIBLES

1. Per Person

For the driver listed in the schedule, the damages that would otherwise be payable under LIABILITY COVERAGE FOR "bodily injury" sustained by any one person, in any one "accident", will be reduced by the "Bodily Injury" Per Person Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

2. Per Accident

For the driver listed in the schedule, the damages that would otherwise be payable under LIABILITY COVERAGE for all "bodily injury" caused in any one "accident" will be reduced by the "Bodily Injury"

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Per "Accident" Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

C. PROPERTY DAMAGE LIABILITY COVERAGE DEDUCTIBLE

For the driver listed in the schedule, the damages that would otherwise be payable under LIABILITY COVERAGE FOR "property damage" caused in any one "accident" will be reduced by the "Property Damage" Per "Accident" Deductible shown in the Schedule prior to the application of the LIMIT OF INSURANCE provision.

D. OUR RIGHT TO REIMBURSEMENT

To settle any claim or "suit" we will pay all or any part of any deductible shown in the Schedule. If this happens, you must reimburse us for the deductible or the part of the deductible we paid.

ADDITIONAL PROVISIONS AGREEMENT

Liability Claims Security Escrow Account \$

The Insured agrees to maintain the Liability Claims Security Escrow Account as indicated above. The security is subject to a monthly review and adjustment is based upon the reserves within the deductible amount.

It is hereby understood and agreed that the insured's failure to reimburse the Company for payment of the Liability Deductible or the insured's failure to replenish the Liability Claim's Security Escrow Account, within 60 days of billing, will be deemed failure to pay the policy premium and subject to the policy provisions for non-payment of premium. If the policy is cancelled for non-payment of premium for failure to reimburse the Liability Deductible or replenish the Claims Security Escrow Account the insured agrees to be responsible for all legal costs and expenses incurred by the Company including, without limitation, reasonable attorney's fees, incurred by State National Insurance Company in connection with the collection or enforcement of this Agreement.

The Notice of Cancellation for Non Payment of Premium will be mailed to the "Insured" in accordance with the Cancellation Provisions in the policy.

It is hereby understood and agreed that if the policy is cancelled for non payment of premium the Claims Security Escrow Account will not be released until after all claims have been satisfied or a minimum of 90 days after the cancellation or expiration of the policy, whichever period of time is longer.

Authorized Insured's Signature

Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COURIERS – SPECIAL PROVISIONS

This endorsement modifies insurance provided under the following:

TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

A. Paragraph A.1. of Section II – Liability Coverage is replaced by the following:

The following are “insureds”:

- a. You for any covered “auto”.
- b. Anyone else while using with your permission, and within the scope of your “courier” service business agreements, a covered “auto” you own, hire or borrow.
- c. The owner or anyone else from whom you have hired or borrowed that covered “auto” that is a “trailer” while the “trailer” is connected to another covered “auto” that is a power unit, or, if not connected:
 - (1) While the covered “auto” is being used exclusively in your business as a “courier”; and
 - (2) While the covered “auto” is being used within the scope of your “courier” service business agreements.
- d. The owner or anyone else from whom you have hired or borrowed that covered “auto” that is not a “trailer” while the covered “auto”:
 - (1) Is being used exclusively in your business as a “courier”; and;
 - (2) Is being used within the scope of your “courier” service business agreements.
- e. Anyone liable for the conduct of an “insured” described above but only to the extent of that liability.

However, none of the following is an “insured”:

- a. Any “trucker” or his or her agents or “employees”, other than you and your “employees”.

(1) If the “trucker” is subject to motor carrier insurance requirements and meets them by a means other than auto liability insurance.

(2) If the “trucker” is not insured for hired “autos” under an auto liability insurance form that insures on a primary basis the owners of the “autos” and their agents and “employees” whether or not the “autos” are being used in the “trucker’s” business as a “courier” and operating within a “courier” services agreement.

- b. Any rail, water or air carrier or its “employees” or agents, other than you and your “employees”, for a trailer if “bodily injury” or “property damage” occurs while the trailer is detached from a covered “auto” you are using and:

(1) Is being transported by the carrier; or

(2) Is being loaded on or unloaded from any unit of transportation by the carrier.

B. Paragraph B.5. of Section V – Truckers Conditions is replaced by the following:

5. Other Insurance – Primary and Excess Insurance Provisions

- a. This Coverage Form’s Liability Coverage is excess over any other collectible insurance for any covered “auto” while hired or borrowed by you and used exclusively in your business as a “courier” within the scope of your “courier” service agreements. This Coverage Form’s Liability Coverage is also excess over any other collectible insurance for any covered “auto” while hired or borrowed from you. However, while a covered “auto” which is a “trailer”

Insured:
Policy No.:

COMMERCIAL AUTO
LCA 0100 04 03

is connected to a power unit, this Coverage Form's Liability Coverage is:

(1) On the same basis, primary or excess, as for the power unit if the power unit is a covered "auto".

(2) Excess if the power unit is not a covered "auto".

b. Any Trailer Interchange Coverage provided by this Coverage Form is on the same basis, primary or excess, as for the power unit if the power unit is a covered "auto".

c. Except as provided in Paragraphs a. and b. above, the Coverage Form provides primary insurance for any covered "auto" you own and excess insurance for any "auto" you don't own.

d. For Hired Auto Physical Damage Coverage, any covered "auto" you lease, hire, rent or borrow is deemed to be a covered "auto" you own. However, any "auto" that is leased, hired, rented or borrowed with a driver is not a covered "auto".

e. Regardless of the provisions of Paragraphs a., b., and c. above, this Coverage Form's Liability Coverage is excess for any liability assumed under an "insured contract".

f. When this Coverage Form and any other Coverage Form or policy covers on the same basis, either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our Coverage Form bears to the total of the limits of all the Coverage Forms and policies covering on the same basis.

C. Section VI – Definitions is amended as follows:

Paragraph **H.6.b.** is deleted.

Paragraph **H.7.** is added:

7. That pertains to the loan, lease or rental of an "auto" to you or any of your "employees", if the "auto" is loaned, leased or rented with a driver.

Paragraph **I.** is replaced by the following:

I. "Leased Worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" includes a "temporary worker".

Paragraph **S.** is added:

S. "Courier" means a "trucker" who specializes in same day delivery of mail and/or small parcels.

By your signature below, you acknowledge that the above special provisions both broaden and restrict the coverage afforded you as a "courier". We have expanded the definition of "Leased Worker" to include a "Temporary Worker". However, with respect to covered "autos" you don't own, we are providing only excess coverage. If desired, your agent can explain these coverage differences to you in greater detail.

Signature of Named Insured

Date

Named Insured (Please Print)

BUSINESS AUTO POLICY DECLARATIONS

Policy No.: _____
Renewal of: _____

State National Insurance Company

Executive Address:
8200 Anderson Boulevard, Fort Worth, TX 76120
817-265-2000

ITEM ONE Named Insured and Address:

Broker Name & Address:

POLICY PERIOD

FROM: _____ TO: _____ 12:01 A.M. standard time at the address of the named insured as stated herein

FORM OF NAMED INSURED'S BUSINESS ☐ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL OR ☐ OTHER _____

NAMED INSURED'S BUSINESS _____

ITEM TWO SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the covered auto section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from ITEM THREE shows which "autos" are covered "autos")	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR "LOSS"	PREMIUM
LIABILITY INSURANCE		BODILY INJURY \$100,000 Each Person/\$ 300,000 Each Accident PROPERTY DAMAGE \$ 50,000 Each Accident	
PERSONAL INJURY PROTECTION (or equivalent added No-fault coverage)		SEPARATELY STATED IN THE P.I.P. ENDORSEMENT MINUS \$ Ded.	
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	
PROPERTY PROTECTION INSURANCE (Michigan Only)		SEPARATELY STATED IN THE P.I.P. ENDORSEMENT MINUS \$ Ded. FOR EACH ACCIDENT	
AUTO MEDICAL PAYMENTS INSURANCE		\$	
UNINSURED MOTORISTS INSURANCE		\$	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS MINUS \$ DED. FOR EACH COVERED "AUTO" FOR ALL "LOSS"	
PHYSICAL DAMAGE SPECIFIED PERILS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS MINUS \$ DED. FOR EACH COVERED "AUTO" FOR "LOSS" CAUSED BY MISCHIEF OR VANDALISM	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS MINUS \$ DED. FOR EACH COVERED "AUTO" FOR ALL "LOSS"	
PHYSICAL DAMAGE TOWING & LABOR (not available in California)		\$ FOR EACH DISABLEMENT OF A PRIVATE PASSENGER "AUTO"	
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:			
		TOTAL PREMIUM	
		Not Subject to Audit	

The estimated premium for this policy is based on the exposures "you" told us "you" would have when this policy began.

"We" will compute "your" final premium due when "we" determine "your" actual exposures. The estimated total premium will be credited against the final premium due and "you" will be billed for the balance, if any. If the estimated total premium exceeds the final premium due "you" will get a refund. To determine "your" final premium due "we" may examine "your" records at any time during the period of coverage and up to three years afterward. If this policy is issued for more than one year, the premium shall be computed annually based on "our" rates or premiums in effect at the beginning of each year of the policy.

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its President and Secretary and signed on the Declarations page by a duly authorized representative of the Company, where required by law.

Countersigned _____

By _____
Authorized Representative

**AUTOMOBILE-OWNER ONLY LEASED VEHICLE
EXCESS LIABILITY DECLARATIONS
FOLLOW FORM**

State National Insurance Company

Executive Address:

8200 Anderson Boulevard, Fort Worth, TX 76120

817-265-2000

Policy Number	Policy Period		Renewal of
	From	To	

12:01 A.M. standard time at the address of the named insured as stated herein

Name of Insured and Address	Broker Name and Address

Form of Business

☐ Individual ☐ Partnership ☐ Joint Venture ☐ Corporation ☐ Other _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THE POLICY,
"WE" AGREE WITH "YOU" TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Underlying Insurance			
Policy Number	Insurer	Coverage	Limits of Liability

Basis of Premium: ☐ Adjustable ☐ Flat

Rate: \$ _____ per _____ of _____ Premium * _____
Minimum & Earned

* If Policy is written on an auditable basis. This is an estimated premium only.

Forms and Endorsements contained in this policy at its inception:

Premium is Payable: _____ Minimum and Earned at Inception.

IN WITNESS WHEREOF, the Company has caused this policy to be signed by its President and Secretary and signed on the Declarations page by a duly authorized representative of the Company, where required by law.

Countersigned: _____ at _____ By _____
Authorized Representative

ITEM THREE
SCHEDULE OF COVERED AUTOS YOU OWN

Unit #:	001		002		003	
Vehicle Description: VIN: Cost New: Stated Amount: Garage Location: Territory:						
COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)						
	Limit	Premium	Limit	Premium	Limit	Premium
Liability	\$	\$	\$	\$	\$	\$
Personal Injury						
Added P.I.P.						
Property Protection (Michigan Only)						
Medical Payments						
Medical Expense and Income Loss Benefits (Virginia Only)						
Uninsured Motorist Bodily Injury						
Underinsured Motorist Bodily Injury						
U.M. Property Damage						
	Deductible	Premium	Deductible	Premium	Deductible	Premium
Comprehensive						
Specified Causes of Loss						
Collision						
Towing & Labor (Limit per Disablement)						
<INSERT *>						
<INSERT *>						
Total Unit Premium						

* Insert miscellaneous information such as NY Law Enforcement Fee, City Tax, State Tax, etc.

Unit #:	004		005		006	
Vehicle Description: VIN: Cost New: Stated Amount: Garage Location: Territory:						
COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)						
	Limit	Premium	Limit	Premium	Limit	Premium
Liability	\$	\$	\$	\$	\$	\$
Personal Injury						
Added P.I.P.						
Property Protection (Michigan Only)						
Medical Payments						
Medical Expense and Income Loss Benefits (Virginia Only)						
Uninsured Motorist Bodily Injury						
Underinsured Motorist Bodily Injury						
U.M. Property Damage						
	Deductible	Premium	Deductible	Premium	Deductible	Premium
Comprehensive						
Specified Causes of Loss						
Collision						
Towing & Labor (Limit per Disablement)						
<INSERT *>						
<INSERT *>						
Total Unit Premium						

Policy Number

Endorsement No.

SCHEDULE OF LOCATION CHANGES

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy

Policy Number

SCHEDULE OF LOCATIONS

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

Loc. No.	Bldg. No.	Designated Locations (Address, City, State, Zip Code)	Occupancy

Policy Number

SCHEDULE OF LOSS PAYEE(S)

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

Loss Payee and Mailing Address

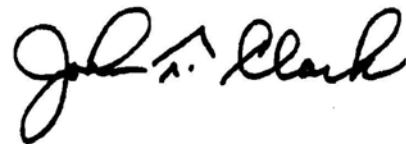
Designation or Description of Auto(s)

SIGNATURE PAGE

In Witness Whereof, this Company has executed and attested these presents by the duly authorized Agent of this company at the agency hereinbefore mentioned.

State National Insurance Company, 8200 Anderson Boulevard, Fort Worth, TX 76120

 Secretary

 President

AUTOMOBILE EXCESS RENTAL LIABILITY POLICY

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy, the words “you” and “your” refer to the “Named Insured” shown in the Declarations. The words “we”, “us” and “our” refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to SECTION III – DEFINITIONS.

SECTION I – AUTOMOBILE EXCESS RENTAL LIABILITY COVERAGE

A. Coverage

1. We will pay on behalf of the “insured” the “ultimate net loss” in excess of the limit of liability or limit of insurance of all “underlying insurance” available to the “insured” because of “bodily injury” or “property damage” to which this insurance applies provided that:
 - a. The “bodily injury” or “property damage” results from an “accident” involving a “rental vehicle” within the “coverage territory”;
 - b. The “accident” occurs during the “coverage period”; and
 - c. The “renter” has purchased optional “excess rental liability insurance” at the time such “renter” signs the “rental agreement”.
2.
 - a. We have the right but not the duty to defend any “insured” against a “suit” seeking damages to which this insurance applies.
 - b. We have the duty to defend any “suit” against any “insured” to which this insurance applies when obligations to defend such “suit” by any insurer providing “underlying insurance” end because the applicable limit of liability or limit of insurance had been exhausted by payments of judgments or settlements.

- c. We may investigate and settle any claim or “suit” we consider appropriate.
- d. Our duty to defend ends when our Limit of Insurance provided by Section I, Paragraph C. has been exhausted by payment of judgments or settlements.

B. Who Is An Insured

Provided the “renter” has purchased optional “excess rental liability insurance” at the time such “renter” signs the “rental agreement”, each of the following is an “insured”.

1. The “renter”; and
2. Any “authorized driver”.

C. Limit Of Insurance

Regardless of the number of “insureds”, “rental vehicles”, coverages provided, premiums paid, claims made or vehicles involved in the “accident”, for each “rental agreement” the most we will pay for the “ultimate net loss” resulting from any one “accident”, is the difference between the dollar amount shown in ITEM 3. of the Declarations and the limit of liability or limit of insurance of “underlying insurance” as defined in ITEM 4 of the Declarations.

D. Exclusions

This insurance does not apply to any of the following:

1. “Bodily injury” or “property damage” arising out of the use, or permitting use, of a “rental vehicle”:
 - a. By any driver other than the “renter” or “authorized driver”;
 - b. By any driver while under the influence of drugs or alcohol;
 - c. For any illegal purpose;
 - d. To carry persons or property for hire;
 - e. To tow or propel any other “auto”;

- f. In any race, contest, or training activity; or
 - g. Off-road or on unpaved roads that are not regularly maintained for public use.
2. Liability arising out of, or benefits payable under, any:
 - a. Uninsured or underinsured motorist law;
 - b. Personal injury protection, other first party benefit law, no-fault law, or any similar law;
 - c. Medical payments provision of any policy.
 3. Liability arising out of the ownership, operation or use of any hired "auto" or non-owned "auto" which is not a "rental vehicle".
 4. "Bodily injury" to the "insured" or any "family member".
 5. "Property damage" to the "rental vehicle".
 6. "Bodily injury" or "property damage" expected or intended from the standpoint of the "insured".
 7. Any obligation for which you or the "insured" or the "insured's" insurer may be liable under any workers' compensation, disability benefits or unemployment compensation law or any similar law.
 8. "Bodily injury" to:
 - a. An employee of the "insured" arising out of and in the course of employment by the "insured"; or
 - b. The spouse, child, parent, brother or sister of that employee as consequence of paragraph a. above.

This exclusion applies:

- (1) Whether the "insured" may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to "bodily injury" to domestic employees not entitled to workers' compensation benefits.

9. "Bodily injury" to any fellow employee of the "insured" arising out of and in the course of such fellow employee's employment.
10. "Property damage" to property owned or transported by the "insured" or property in the "insured's" care, custody or control.
11. "Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":
 - a. That are, or that are contained in any property that is:
 - (1) Being transported or towed by, handled or handled for movement into, onto or from the covered "rental vehicle";
 - (2) Otherwise in the course of transit by or on behalf of the "insured"; or
 - (3) Being stored, disposed of, treated or processed in or upon the covered "rental vehicle";
 - b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "rental vehicle"; or
 - c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "rental vehicle" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical hydraulic or mechanical functioning of the covered "rental vehicle" or its parts, if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from a "rental vehicle" part designed by its manufacture to hold, store, receive or dispose of such "pollutants"; and

Paragraphs **b.** and **c.** above of this exclusion do not apply to "accidents" that occur away from premises owned by or rented to any "insured" with respect to "pollutants" not in or upon a covered "rental vehicle" if:

- (1) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "rental vehicle"; and

- (2) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

12. Any loss, cost or expense arising out of any governmental direction or request that the "insured" test for, monitor, clean up, remove, contain, treat, detoxify or neutralize "pollutants".

13. Punitive or exemplary damages.

SECTION II – EXCESS LIABILITY CONDITIONS

A. Loss Conditions

1. Duties In The Event Of An Accident, Claim Or Suit

- a. In the event of "accident", claim, or "suit" that is likely to involve this policy, you or any involved "insured" must give us or our authorized representative prompt notice of the "accident". Include:

- (1) How, when and where the "accident" occurred;
- (2) The "insured's" name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

Notice to the Policyholder(s) by any "insured" constitutes notice to us.

- b. Additionally, you or any involved "insured" must:

- (1) Not assume any obligation, make any payment or incur any expense without our consent, except at the "insured's" own cost.

- (2) Immediately send us copies of any demand, notice, summons or legal paper received concerning the claim or "suit".

- (3) Cooperate with us in the investigation, settlement or defense of the claim or "suit".

- (4) Submit to an examination under oath and subscribe to same.

2. Legal Action Against Us

No one may bring a legal action against us under this policy until:

- a. There has been full compliance with all the terms of this policy; and
- b. We agree in writing that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring us into an action to determine the "insured's" liability.

3. Defense Of Claims Or Suits

- a. If we are required to or elect to provide a defense, we may do so by counsel of our choice.

- b. If we provide a defense we will pay, with respect to any claim or "suit":

- (1) All expenses we incur.

- (2) Up to \$250 for cost of bail bonds required because of "accidents" or related traffic law violations required because of an "accident" we cover. We do not have to furnish these bonds.

- (3) The cost of bonds to release attachments in any "suit" we defend, but only for bond amounts within our limit of liability.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$100 a day because of time off from work.
- (5) All costs taxed against the "insured" in any "suit" we defend.
- (6) All interest on the full amount of any judgment that accrues after entry of the judgment in any "suit" we defend, but our duty to pay interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our limit of insurance.

4. Appeals

If an "insured" or "underlying insurer" elects not to appeal judgments in excess of the limit of liability or limit of insurance of "underlying insurance", we may elect to appeal such judgments at our own expense but in no event shall our liability for the "ultimate net loss" exceed our limit of insurance, plus expenses incurred in such an appeal.

5. Subrogation

- a. If any person or organization to or for whom we make payment under this policy has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after an "accident" to impair them.
- b. Any recoveries shall be apportioned in the following order:
 - (1) To any interest, including an "insured", that may have paid any amount in excess of their applicable limit of liability or limit of insurance of "underlying insurance";

- (2) To us for amounts paid under this policy; and

- (3) To all other interests, including an "insured" within our limit of liability or with respect to any balance remaining.

- c. When we have participated in the exercise of the "insured's" or the "underlying insurer's" rights of recovery, reasonable costs and expenses necessary to the recovery shall be apportioned among all parties in the proportion of their respective interests.

B. General Conditions

1. Premiums

The premium for this policy shall be computed on the basis stated in the Declarations. The premium shall be remitted to us on the basis stated in ITEM 3 of the Declarations by the "Named Insured" for each day of exposure during that period, along with summarizing reports as requested by us. The premium will be considered fully earned upon receipt and not subject to refund upon policy cancellation. This premium shall be subject to audit by our representatives. The "Named Insured" shall maintain, and permit our access to, such records as are necessary to substantiate the premium for a period of not less than three years. The "Named Insured" shown in the Declarations:

- a. Is responsible for the payment of all premiums; and
- b. Will be the payee for any return premiums we pay.

2. Attachment Of Liability

Liability under this policy shall not attach until the limit of liability or limit of insurance of all applicable "underlying insurance" has been exhausted by payment of judgments or settlements and the "insured" has become legally obligated to pay the "ultimate net loss" in excess of the limit of liability or limit of insurance of such "underlying insurance".

3. Coverage Territory

Under this policy, we cover "accidents" occurring within the coverage territory.

The coverage territory is:

- a. The United States of America;
- b. The territories and possessions of the United States of America;
- c. Puerto Rico; and
- d. Canada.

We also cover "accidents" involving a "rental vehicle" while being transported between any of these places.

4. Bankruptcy

Bankruptcy, insolvency or receivership of the "insured", or of the "insured's" estate or any "underlying insurer" will not relieve us of our liability under this policy. In the event of bankruptcy, insolvency, or receivership of an "underlying insurer", this policy shall not apply as a replacement of such bankrupt or insolvent insurer but our limits of insurance will apply only in excess of the required limit of liability limit of insurance stated in Item 3. of the Declarations, LIABILITY COVERAGE LIMIT OF INSURANCE.

5. Liberalization

If we revise this policy to provide more coverage without additional premium charge, this policy will automatically provide the additional coverage as of the day the revision is effective.

6. Transfer Of Rights And Duties Under This Policy

The rights and duties of the "Named Insured" under this policy may not be transferred without our written consent. The rights and duties of the "insured" under this policy may not be transferred without our written consent except in case of death of and "insured". If an "insured" dies, their rights and duties will be transferred to their legal representative but only while acting within the scope of duties as their legal representative.

7. Changes

This policy contains all the agreements between you and us concerning the insurance afforded. The first named Insured shown in the Declarations is authorized to make changes in the terms of this policy with our consent. The policy terms can be amended or waived only by endorsement issued by us and made a part of this policy. No agent has authority to change this policy or waive any of its provisions. We shall not be bound by an assignment of interest by an "insured" unless our consent to such assignment is endorsed onto this policy.

8. Concealment, Misrepresentation Or Fraud

The coverage provided under this policy for the "insured" is void in any case of fraud by the "insured" relating to it. It is also void if the "insured" at any time, intentionally conceals or misrepresents a material fact concerning procurement of coverage under this policy or concerning a claim under this policy.

9. Maintenance Of Underlying Insurance

"Underlying insurance" shall be maintained in full effect by you during the term of the policy. This requirement is a condition precedent to coverage. In the event of cancellation or termination of "underlying insurance" this policy will cease to apply at the same time without any further notice from us.

10. Other Insurance

Except for such other insurance that is purchased specifically to be excess of our limits of insurance, the insurance provided by this policy is excess over any other collectible insurance and its deductible or self-insured retention provisions available to the "insured". The presence of a deductible or self-insured retention in such other insurance will not amend any deductible provision of this Policy.

11. Examination Of Your Books And Records

We may examine and audit your books and records as they relate to this policy at any time during the policy period and up to three years afterward.

12. Inspection And Surveys

We have the right but are not obligated to:

- a. Make inspections and surveys at any time;
- b. Give you reports on the conditions we find; and
- c. Recommend changes.

Any inspections, surveys, reports or recommendations relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. We do not warrant that conditions:

- a. Are safe or healthful; or
- b. Comply with laws, regulations, codes or standards.

This condition applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

SECTION III – DEFINITIONS

- A. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".
- B. "Authorized driver" means each of the following:
 - 1. A driver whose name is listed on the original "rental agreement";
 - 2. A driver designated by description, if any, in the "rental agreement".
- C. "Auto" means a land motor vehicle of the private passenger type, including passenger vans, minivans and pick-up trucks, that are primarily intended for the transport of persons.
- D. "Bodily injury" means "bodily injury", sickness or disease sustained by a person including death resulting from any of these.
- E. "Excess rental liability insurance" means optional excess rental liability coverage elected by a "renter" and for which premium is paid.

- F. "Family member" means a person who is a resident of the "insured's" household and related to the "insured" by blood, marriage or adoption. This definition includes a ward or foster child who is a resident of the "insured's" household, and also includes the "insured's" spouse even when not a resident of the "insured's" household.
- G. "Insured" means any person qualifying as an "insured" in the WHO IS AN INSURED provision (Section I, Paragraph B.). Except with respect to our limit of insurance, the coverage afforded applies separately to each "insured" who is seeking coverage or against who a claim or suit is brought.
- H. "Named Insured" means the person listed in ITEM 1 of the Declarations, who has agreed to the terms and conditions of this policy.
- I. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
- J. "Property damage" means physical injury to or destruction of tangible property, including any resulting loss of use of that property.
- K. "Rental agreement" means the rental contract under which an "auto" is rented by you to the "renter".
- L. "Rental vehicle" means the "auto" described in the "rental agreement".
- M. "Renter" means the person or organization obtaining the use of the "rental vehicle" under the terms of a "rental agreement".
- N. "Suit" means a civil proceeding in which damages because of "bodily injury" or "property damage" to which this insurance applies are alleged.

"Suit" includes:

- 1. An arbitration proceeding in which such damages are claimed and to which the "insured" must submit or does submit with our consent; or
- 2. Any other alternative dispute resolution proceeding in which such damages are claimed and to which the "insured" submits with our consent.

- O.** "Ultimate net loss" means all sums for which an "insured" becomes legally obligated to pay as damages for "bodily injury" and "property damage" combined. "Ultimate net loss" will be reduced by deduction for all salvage or recoveries which have been or will be paid.
- P.** "Underlying insurance" means insurance listed in ITEM 4., Schedule of Underlying Insurance of the Declarations.
- Q.** "Underlying insurer" means the insurance company providing "underlying insurance".

Policy No.:

Renewal No.:

State National Insurance Company
8200 Anderson Boulevard, Fort Worth, TX 76120
817-265-2000

AUTOMOBILE EXCESS RENTAL LIABILITY POLICY DECLARATIONS

ITEM 1.

Named Insured and Mailing Address

Agent Name and Address

ITEM 2.

Policy Period

From:

To:

12:01 A.M., Standard Time at Policyholder's mailing address in ITEM 1.

ITEM 3.

In return for the payment of the premium, and subject to all the terms of this policy, we agree with the Named Insured to provide the insurance as stated in this policy.

The premium below may be subject to adjustment.

LIABILITY COVERAGE LIMIT OF INSURANCE: The difference between \$1,000,000 Combined Single Limit for each "accident" and the limit of liability or limit of insurance of "underlying insurance".

UNINSURED MOTORIST COVERAGE LIMIT OF INSURANCE: \$ Statutory Minimum Limits

PREMIUM: \$ _____ per "rental vehicle" per rental day to be remitted:
☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

TERRORISM PREMIUM (Certified Acts): \$

PREMIUM DEPOSIT: \$

POLICY FEE: \$

MINIMUM MONTHLY PREMIUM: \$

TOTAL ESTIMATED ANNUAL PREMIUM: \$

ITEM 4.

Schedule of Underlying Insurance

Limits required under any State Financial Responsibility Limits or Mandatory Insurance Law or other available insurance, whichever ever is higher.

ITEM 5.

Forms and Endorsements

Form(s) and Endorsement(s) made a part of this policy at time of issue:
See Forms and Endorsement Schedule

THIS DECLARATIONS PAGE AND ANY SUPPLEMENTAL DECLARATION(S), TOGETHER WITH THE COVERAGE FORM(S) AND ENDORSEMENT(S), IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Policy No.

State National Insurance Company
8200 Anderson Boulevard, Fort Worth, TX 76120

AUTOMOBILE EXCESS RENTAL LIABILITY SUPPLEMENTAL POLICY DECLARATIONS

ITEM

ITEM

ITEM

**ATTACHED TO AND FORM A PART OF THE DECLARATIONS ON THE POLICY
INDICATED ABOVE.**

Policy Number

ENDORSEMENT

Named Insured

Effective Date:

12:01 A.M., Standard Time

Agent Name

Agent No.

**ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Issued to _____ of _____

Dated at 8200 Anderson Boulevard, Fort Worth, TX 76120 this _____ day of _____, 20__.

Amending Policy No. _____ Effective Date _____

Name of Insurance Company State National Insurance Company

Telephone Number _____. Countersigned by _____
Authorized Company Representative

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by ☒ " for the limits shown:

☒ This insurance is primary and the company shall not be liable for amounts in excess of \$1,000,000 for each accident.

☐ This insurance is excess and the company shall not be liable for amounts in excess of \$N/a for each accident in excess of the underlying limit of \$N/a for each accident.

Whenever required by the Federal Highway Administration (FHWA) or the Interstate Commerce Commission (ICC), the company agrees to furnish the FHWA or the ICC a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FHWA or the ICC, to verify that the policy is in force as of a particular date.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the ICC's jurisdiction, by providing thirty (30) days notice to the ICC (said 30 days notice to commence from the date the notice is received by the ICC at its office in Washington, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

ACCIDENT includes continuous or repeated exposure to conditions which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

MOTOR VEHICLE means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

BODILY INJURY means injury to the body, sickness or disease to any person, including death resulting from any of these.

ENVIRONMENTAL RESTORATION means

restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish and wildlife.

PROPERTY DAMAGE means damage to or loss of use of tangible property.

PUBLIC LIABILITY means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein as a motor carrier of

property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Highway Administration (FHWA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury or death of the insured's employees while engaged in the course of their employment or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the compmay from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured.

However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay for any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately, to each accident, and any payment under the policy because of any one acident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

The Motor Carrier Act of 1980 required limits of financial responsibility according to the type of carriage and commodity transported by the motor carrier. It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility. The SCHEDULE OF LIMITS SHOWN BELOW DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.

SCHEDULE OF LIMITS

Public Liability

Type of Carriage		Commodity Trasnported	Minimum Insurance	
(1)	For hire (in interstate or foreign commerce).	Property (nonhazardous).	\$	750,000
(2)	For-hire and Private (in interstate, foreign, or intrastate).	Hazardous substances as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hoppertype vehicles with capacities in excess of 3,500 water gallons ; or in bulk Class A or B explosives, poison gas (Poison A), liquified compressed gas or compressed gas, or highway route controlled quantity radioactive materials as defined in 49 CFR 173.403.	\$	5,000,000
(3)	For-hire and Private (in interstate or foreign commerce ; in any quantity) or (in intrastate commerce in bulk only)	Oil listed in 49 CFR 172.101 ; hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$	1,000,000
(4)	For-hire and Private (in interstate or foreign commerce).	Any quantity of Class A or B explosives, any quantity of poison gas (Poison A), or highway route controlled quantity radioactive materials as defined in 49 CFR 173.403.	\$	5,000,000

NOTE: The type of carriage listed under (1), (2) and (3) applies to vehicles with a gross vehicle weight rating of 10,000 pounds or more. The type of carriage listed under number (4) applies to all vehicles with a gross vehicle weight rating of less than 10,000 pounds.

ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY UNDER SECTION 18 OF THE BUS REGULATORY REFORM ACT OF 1982

DEFINITIONS AS USED IN THIS ENDORSEMENT

ACCIDENT includes continuous or repeated exposure to conditions which results in Public Liability which the insured neither expected nor intended insured neither expected nor intended.

BODILY INJURY means injury to the body, sickness, or disease to any person, including death resulting from any of these.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a for-hire motor

MOTOR CARRIER means a for-hire carrier of passengers by motor vehicle.

PROPERTY DAMAGE means damage to or loss of use of tangible property.

PUBLIC LIABILITY means liability for bodily injury or property damage.

carrier of passengers, with Section 18 of the Bus Regulatory Reform Act of 1982 and the rules and regulations of the Federal Motor Carrier Safety Administration.

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Section 18 of the Bus Regulatory Reform Act of 1982 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded for public liability does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo.

It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by ☒ " for the limits shown:

☐ This insurance is primary and the company shall not be liable for amounts in excess of \$_____ for each accident.

☐ This insurance is excess and the company shall not be liable for amounts in excess of \$_____ for each accident in excess of the underlying limit of \$_____ for each accident.

Whenever required by the Bureau or the ICC the company agrees to furnish the Bureau or the ICC a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the Bureau or the ICC, to verify that the policy is in force as of a particular date. The telephone number to call is: 1-800-876-3350 .

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the ICC's jurisdiction, by providing thirty (30) days notice to the ICC (said 30 days notice to commence from the date notice is received by the ICC at its office in Washington, D.C.).

Issued to _____ of _____

Dated at _____ this _____ day of _____, 20 .

Amending Policy No. _____ Effective Date _____

Name of Insurance Company Lincoln General Insurance Company

Telephone Number _____. Countersigned by _____
Authorized Company Representative

The Bus Regulatory Reform Act of 1982 requires limits of financial responsibility according to vehicle seating capacity.

It is the MOTOR CARRIER'S obligation to obtain the required limits of financial responsibility.

SCHEDULE OF LIMITS
Public Liability

For hire (in interstate or foreign commerce).

Effective Date
November 19, 1985

Vehicle Seating Capacity

1) Any vehicle with a seating capacity of 16 passengers or more.	\$5,000,000
2) Any vehicle with a seating capacity of 15 passengers or less.	\$1,500,000

Policy Number

SCHEDULE OF NAMED INSURED(S)

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

No. NTL

Renewal of Number NTL

STATE NATIONAL INSURANCE COMPANY
8200 Anderson Boulevard, Fort Worth, TX 76120
817-265-2000

NON-TRUCKING LIABILITY POLICY DECLARATIONS

ITEM ONE

ISSUED TO:

MAILING ADDRESS:

POLICY COVERS FROM

TO

12:01 A.M. Standard Time at the Named Insured's Address stated above.

AGENT OR BROKER:

Agent Code:

FORM OF NAMED INSURED'S BUSINESS:

☐ CORPORATION

☐ LIMITED LIABILITY COMPANY

☐ INDIVIDUAL

☐ PARTNERSHIP

☐ OTHER _____

LOCATION OF BUSINESS: _____

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Non-Trucking Liability Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Non- Trucking Liability Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		Separately stated in each P.I.P. Endorsement minus \$ ded.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		Separately stated in each added P.I.P. Endorsement	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in the P.I.P. Endorsement minus \$ ded. For each accident	\$
MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$

DECLARATIONS – NON-TRUCKING LIABILITY POLICY - (CONTINUED)

FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION: See Endorsement Schedule	PREMIUM FOR ENDORSEMENTS	\$
	MISCELLANEOUS CHARGES*	\$
	ESTIMATED TOTAL PREMIUM	\$

*None at time of issue.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN – SEE SEPARATE SCHEDULE OF COVERED “AUTOS”

The estimated total premium for this policy is based on the exposures you told us you would have when this policy began. We will compute your final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and you will be billed for the balance, if any. If the total estimated premium exceeds the final premium due you will get a refund. To determine your final premium due we examine your records at any time during the period of coverage and up to three years afterward. If this policy is issued for more than one year, the premium shall be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

Countersigned _____ 20 at _____
By _____

Attached to and forming part of Policy Number

EFFECTIVE

TO

ISSUED TO:

(If no entry appears above, refer to the Policy Declarations for the information.)

BUSINESS AUTO NON-TRUCKING LIABILITY COVERAGE FORM

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to **SECTION IV - DEFINITIONS**.

SECTION I - COVERED AUTOS

ITEM TWO of the Declarations shows the "autos" that are covered "autos" for each of your coverages. The following numerical symbols describe the "autos" that may be covered "autos". The symbols entered next to a coverage on the Declarations designate the only "autos" that are covered "autos".

in the state where they are licensed or principally garaged are required to have and cannot reject Uninsured Motorists Coverage. This includes those "autos" you acquire ownership of after the policy begins provided they are subject to the same state uninsured motorists requirement.

A. DESCRIPTION OF COVERED AUTO DESIGNATION SYMBOLS**SYMBOL DESCRIPTION**

1 = ANY "AUTO".

2 = OWNED "AUTOS" ONLY. Only those "autos" you own and any "trailers" you don't own while attached to power units you own. This includes those "autos" you acquire ownership of after the policy begins.

3 = OWNED PRIVATE PASSENGER "AUTOS" ONLY. Only the private passenger "autos" you own. This includes those private passenger "autos" you acquire ownership of after the policy begins.

4 = OWNED "AUTOS" OTHER THAN PRIVATE PASSENGER "AUTOS" ONLY. Only those "autos" you own that are not of the private passenger type and any "trailers" you don't own while attached to power units you own. This includes those "autos" not of the private passenger type you acquire ownership of after the policy begins.

5 = OWNED "AUTOS" SUBJECT TO NO-FAULT. Only those "autos" you own that are required to have No-Fault benefits in the state where they are licensed or principally garaged. This includes those "autos" you acquire ownership of after the policy begins provided they are required to have No-Fault benefits in the state where they are licensed or principally garaged.

6 = OWNED "AUTOS" SUBJECT TO A COMPULSORY UNINSURED MOTORISTS LAW. Only those "autos" you own that because of the law

7 = SPECIFICALLY DESCRIBED "AUTOS". Only those "autos" described in **ITEM THREE** of the Declarations for which a premium charge is shown and any "trailers" while attached to any power unit described in **ITEM THREE**.

8 = HIRED "AUTOS" ONLY. Only those "autos" you lease, hire, rent or borrow. This does not include any "auto" you lease, hire, rent, or borrow from any of your employees or partners or members of their households.

9 = NONOWNED "AUTOS" ONLY. Only those "autos" you do not own, lease, hire, rent or borrow that are used in connection with your business. This includes "autos" owned by your employees or partners or members of their households but only while used in your business or personal affairs.

B. OWNED AUTOS YOU ACQUIRE AFTER THE POLICY BEGINS

1. If symbols 1, 2, 3, 4, 5 or 6 are entered next to a coverage in **ITEM TWO** of the Declarations, then you have coverage for "autos" that you acquire of the type described for the remainder of the policy period.

2. But, if symbol 7 is entered next to a coverage in **ITEM TWO** of the Declarations, an "auto" you acquire will be a covered "auto" for that coverage only if:

a. We already cover all "autos" that you own for that coverage or it replaces an "auto" you previously owned that

had that coverage; and

- b. You tell us within 30 days after you acquire it that you want us to cover it for that coverage.

C. CERTAIN TRAILERS AND TEMPORARY SUBSTITUTE AUTOS

The following types of vehicles are also covered "autos":

1. "Trailers" with a load capacity of 2,000 pounds or less designed primarily for travel on public roads.

2. Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its:

- a. Breakdown;
- b. Repair;
- c. Servicing;
- d. "Loss"; or
- e. Destruction.

SECTION II - LIABILITY COVERAGE

A. COVERAGE

We will pay all sums an "insured" legally must pay as damages because of "bodily injury" or "property damage" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of a covered "auto".

We will also pay all sums an "insured" legally must pay as a "covered pollution cost or expense" to which this insurance applies, caused by an "accident" and resulting from the ownership, maintenance or use of covered "autos". However, we will only pay for the "covered pollution cost or expense" if there is either "bodily injury" or "property damage" to which this insurance applies that is caused by the same "accident".

We have the right and duty to defend any "insured" against a "suit" asking for such damages or a "covered pollution cost or expense". However, we have no duty to defend any "insured" against a "suit" for "bodily injury" or "property damage" or a "covered pollution cost or expense" not covered by this Coverage Form. We may investigate and settle any claim or "suit" as we consider appropriate. Our duty to settle or defend ends when our limit of liability for this coverage has been exhausted.

1. WHO IS AN INSURED

The following are "insureds":

- a. You for any covered "auto", unless you are engaged in any "business pursuit".
- b. Anyone else while using with your permission a covered "auto" you own, hire or borrow except:
 - (1) Anyone engaged in any "business pursuit".
 - (2) The owner or anyone else from whom you hire or borrow a covered "auto". This exception does not apply if the covered "auto" is a "trailer" connected to a covered "auto" you own.

- (3) Your employee if the covered "auto" is owned by that employee or a member of his or her household.

- (4) A partner of yours for a covered "auto" owned by him or her or a member of his or her household.

- c. Anyone liable for the conduct of an "insured" described above but only to the extent of that liability.

2. COVERAGE EXTENSIONS

- a. Supplementary Payments. In addition to the Limit of Insurance, we will pay for the "insured":

- (1) All expenses we incur.
- (2) Up to \$250 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (3) The cost of bonds to release attachments in any "suit" we defend, but only for bond amounts within our Limit of Insurance.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earning up to \$100 a day because of time off from work.
- (5) All costs taxed against the "insured" in any "suit" we defend.
- (6) All interest on the full amount of any judgment that accrues after entry of the judgment in a "suit" we defend. However, we will not pay interest that accrues on any judgment related to any "suit" we defend under a reservation of rights letter or nonwaiver agreement and for which it is determined that no coverage applies. Our duty to pay

interest ends when we have paid, offered to pay or deposited in court the part of the judgment that is within our limit of insurance.

b. Out-of-State Coverage extensions.

While a covered "auto" is away from the state where it is licensed we will, if required by law:

- (1) Increase the Limit of Insurance to meet the limits specified by a compulsory or financial responsibility law of the jurisdiction where the covered "auto" is being used. This extension does not apply to the limit or limits specified by any law governing motor carriers of passengers or property.
- (2) Provide the minimum amounts and types of other coverages, such as no-fault, required of out-of-state vehicles by the jurisdiction where the covered "auto" is being used.

We will not pay anyone more than once for the same elements of loss because of these extensions.

B. EXCLUSIONS

This insurance does not apply to any of the following:

1. BUSINESS PURSUITS

"Bodily injury" or "property damage" while a covered "auto" is used in any "business pursuit".

2. EXPECTED OR INTENDED INJURY

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured".

3. CONTRACTUAL

Liability assumed under any contract or agreement.

But this exclusion does not apply to liability for damages:

- a. Assumed in a contract or agreement that is an "insured contract" provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement; or
- b. That the "insured" would have in the absence of the contract or agreement.

4. WORKERS' COMPENSATION

Any obligation for which the "insured" or the "insured's" insurer may be held

liable under any workers' compensation, disability benefits or unemployment compensation law or any similar law.

5. EMPLOYEE INDEMNIFICATION AND EMPLOYER'S LIABILITY

"Bodily injury" to:

- a. An employee of the "insured" arising out of and in the course of employment by the "insured"; or
- b. The spouse, child, parent, brother or sister of that employee as a consequence of paragraph a. above.

This exclusion applies:

- (1) Whether the "insured" may be liable as an employer or in any other capacity; and
- (2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

But this exclusion does not apply to "bodily injury" to domestic employees not entitled to workers' compensation benefits or to liability assumed by the "insured" under an "insured contract".

6. FELLOW EMPLOYEE

"Bodily injury" to any fellow employee of the "insured" arising out of and in the course of the fellow employee's employment.

7. CARE, CUSTODY OR CONTROL

"Property damage" to or "covered pollution cost or expense" involving property owned or transported by the "insured" or in the "insured's" care, custody or control. But this exclusion does not apply to liability assumed under a sidetrack agreement.

8. HANDLING OF PROPERTY

"Bodily injury" or "property damage" resulting from the handling of property:

- a. Before it is moved from the place where it is accepted by the "insured" for movement into or onto the covered "auto"; or
- b. After it is moved from the covered "auto" to the place where it is finally delivered by the "insured".

9. MOVEMENT OF PROPERTY BY MECHANICAL DEVICE

"Bodily injury" or "property damage" resulting from the movement of property by a mechanical device (other than a hand truck) unless the device is attached to the covered "auto".

10. OPERATIONS

"Bodily injury" or "property damage" arising out of the operation of any equipment listed in paragraphs 6.b. and 6.c. of the definition of "mobile equipment".

11. POLLUTION

"Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

a. That are, or that are contained in any property that is:

- (1) Being transported or towed by, handled, or handled for movement into, onto or from, the covered "auto";
- (2) Otherwise in the course of transit by or on behalf of the "insured"; or
- (3) Being stored, disposed of, treated or processed in or upon the covered "auto";

b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or

c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in paragraphs 6.b. and 6.c. of the definition

of "mobile equipment".

Paragraphs b. and c. above of this exclusion do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (1) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (2) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

12. WAR

"Bodily injury" or "property damage" due to war, whether or not declared, or any act or condition incident to war. War includes civil war, insurrection, rebellion or revolution. This exclusion applies only to liability assumed under a contract or agreement.

13. RACING

Covered "autos" while used in any professional or organized racing or demolition contest or stunting activity, or while practicing for such contest or activity. This insurance also does not apply while that covered "auto" is being prepared for such a contest or activity.

C. LIMIT OF INSURANCE

Regardless of the number of covered "autos", "insureds", premiums paid, claims made or vehicles involved in the "accident", the most we will pay for the total of all damages and "covered pollution cost or expense" combined, resulting from any one "accident" is the Limit of Insurance for Liability Coverage shown in the Declarations.

All "bodily injury", "property damage" and "covered pollution cost or expense" resulting from continuous or repeated exposure to substantially the same conditions will be considered as resulting from one "accident".

No one will be entitled to receive duplicate payments for the same elements of "loss" under this Coverage Form and any Medical Payments Coverage endorsement, Uninsured Motorists Coverage endorsement or Underinsured Motorists Coverage endorsement attached to this Coverage Part.

SECTION III - BUSINESS AUTO NON-TRUCKING LIABILITY CONDITIONS

The following conditions apply in addition to the Common Policy Conditions:

A. LOSS CONDITIONS

1. DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident" or "loss".

Include:

- (1) How, when and where the "accident" or "loss" occurred;
- (2) The "insured's" name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

- b. Additionally, you and any other involved "insured" must:

- (1) Assume no obligation, make no payment or incur no expense without our consent, except at the "insured's" own cost.
- (2) Immediately send us copies of any request, demand, order, notice, summons or legal paper received concerning the claim or "suit".
- (3) Cooperate with us in the investigation, settlement or defense of the claim or "suit".
- (4) Authorize us to obtain medical records or other pertinent information.
- (5) Submit to examination, at our expense, by physicians or our choice, as often as we reasonably require.

2. LEGAL ACTION AGAINST US

No one may bring a legal action against us under this Coverage Form until:

- a. There has been full compliance with all the terms of this Coverage Form; and;
- b. We agree in writing that the "insured" has an obligation to pay or until the amount of that obligation has finally been determined by judgment after trial. No one has the right under this policy to bring us into an action to determine the "insured's" liability.

3. TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

If any person or organization to or for whom we make payment under this Coverage

Form has rights to recover damages from another, those rights are transferred to us. That person or organization must do everything necessary to secure our rights and must do nothing after "accident" or "loss" to impair them.

B. GENERAL CONDITIONS

1. BANKRUPTCY

Bankruptcy or insolvency of the "insured" or the "insured's" estate will not relieve us of any obligations under this Coverage Form.

2. CONCEALMENT, MISREPRESENTATION OR FRAUD

This Coverage Form is void in any case of fraud by you at any time as it relates to this Coverage Form. It is also void if you or any other "insured", at any time, intentionally conceal or misrepresent a material fact concerning:

- a. This Coverage Form;
- b. The covered "auto";
- c. Your interest in the covered "auto"; or
- d. A claim under this Coverage Form.

3. LIBERALIZATION

If we revise this Coverage Form to provide more coverage without additional premium charge, your policy will automatically provide the additional coverage as of the day the revision is effective in your state.

4. OTHER INSURANCE

If this Coverage Form applies:

- a. For any covered "auto" you own, this Coverage Form provides primary insurance. For any covered "auto" you don't own, the insurance provided by this Coverage Form is excess over any other collectible insurance. However, while a covered "auto" which is a "trailer" is connected to another vehicle, the insurance this Coverage Form provides for the "trailer" is:

- (1) Excess while it is connected to a motor vehicle you do not own.
- (2) Primary while it is connected to a covered "auto" you own.

- b. When this Coverage Form and any other Coverage Form or policy covers on the same basis, basis being either excess or primary, we will pay only our share. Our share is the proportion that the Limit of Insurance of our Coverage Form bears to the total of the limits of all the Coverage Forms and policies covering on the same

basis.

5. PREMIUM AUDIT

- a. The estimated premium for this Coverage Form is based on the exposures you told us you would have when this policy began. We will compute the final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and the first Named Insured will be billed for the balance, if any. If the estimated total premium exceeds the final premium due, the first Named Insured will get a refund.
- b. If this policy is issued for more than one year, the premium for this Coverage Form will be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

6. POLICY PERIOD, COVERAGE TERRITORY

Under this Coverage Form, we cover "accidents" and "losses" occurring:

- a. During the policy period shown in the Declarations; and

- b. Within the coverage territory.

The coverage territory is:

- a. The United States of America
- b. The territories and possessions of the United States of America;
- c. Puerto Rico; and
- d. Canada.

We also cover "loss" to, or "accidents" involving, a covered "auto" while being transported between any of these places.

7. TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US

If this Coverage Form and any other Coverage Form or policy issued to you by us or any company affiliated with us apply to the same "accident", the aggregate maximum Limit of Insurance under all the Coverage Forms or policies shall not exceed the highest applicable Limit of Insurance under any one Coverage Form or policy. This condition does not apply to any Coverage Form or policy issued by us or an affiliated company specifically to apply as excess insurance over this Coverage Form.

SECTION IV - DEFINITIONS

- A. "Accident" includes continuous or repeated exposure to the same conditions resulting in "bodily injury" or "property damage".
- B. "Auto" means a land motor vehicle, trailer or semitrailer designed for travel on public roads but does not include "mobile equipment".
- C. "Bodily injury" means bodily injury, sickness or disease sustained by a person including death resultin from any of these.
- D. "Business pursuit" means:
 1. Using a covered "auto" in any capacity for or on behalf of any other person, business, corporation, partnership or like entity;
 2. Using a covered "auto" while en route to any location to pick up property or cargo;
 3. Using a covered "auto" while transporting property or cargo;
 4. Using a covered "auto" while returning to any terminal of any person, business, corporation, partnership or like entity following the delivery of any property or cargo;
 5. Using a covered "auto" while returning to any destination where the covered "auto" is regularly kept;
 6. Loading or unloading the covered "auto";

7. Attaching, detaching, towing or transporting a "trailer" if that "trailer" is the property or cargo for delivery; or

8. Maintaining the covered "auto":

- a. For or on behalf of any other person, business, corporation, partnership or like entity;
- b. In compliance with the Federal Motor Carrier Safety Regulations; or
- c. Pursuant to the provisions of any lease.

- E. "Covered pollution cost or expense: means any cost or expense arising out of:

1. Any request, demand or order; or
2. Any claim or "suit" by or on behalf of a governmental authority demanding

that the "insured" or others test for monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. That are, or that are contained in any property that is:

- (1) Being transported or towed by, handled, or handled for movement into, onto or from the covered "auto";
 - (2) Otherwise in the course of transit by or on behalf of the "insured";
 - (3) Being the "pollutants" or any treated or processed in or upon the covered "auto"; or
- b. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- c. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraph a. above does not apply to fuels, lubricants, fluids, exhaust gases or other similar "pollutants" that are needed for or result from the normal electrical, hydraulic or mechanical functioning of the covered "auto" or its parts, if:

- (1) The "pollutants" escape, seep, migrate or are discharged, dispersed, or released directly from an "auto" part designed by its manufacturer to hold, store, receive or dispose of such "pollutants"; and
- (2) The "bodily injury", "property damage" or "covered pollution cost or expense" does not arise out of the operation of any equipment listed in paragraphs 6.b. or 6.c. of the definition of "mobile equipment".

Paragraphs b. and c. above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (1) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (2) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

F. "Insured" means any person or organization qualifying as an insured in the Who is An Insured provision of the applicable coverage. Except with respect to the Limit of Insurance, the coverage afforded applies

separately to each insured who is seeking coverage or against whom a claim or "suit" is brought.

G. "Insured contract" means:

1. A lease of premises;
2. A sidetrack agreement;
3. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;
4. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
5. That part of any contract or agreement entered into, as part of your business, pertaining to the rental or lease, by you or any of your employees, of any "auto". However, such contract or agreement shall not be considered an "insured contract" to the extent that it obligates you or any of your employees to pay for "property damage" to any "auto" rented or leased by you or any of your employees.

An "insured contract" does not include that part of any contract or agreement:

- a. That indemnifies any person or organization for "bodily injury" or "property damage" arising out of construction or demolition operations, within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, roadbeds, tunnel, underpass or crossing; or
- b. That pertains to the loan, lease or rental of an "auto" to you or any of your employees, if the "auto" is loaned, leased or rented with a driver; or
- c. That holds a person or organization engaged in the business of transporting property by "auto" for hire harmless for your use of a covered "auto" over a route or territory that person or organization is authorized to serve by public authority.

H. "Loss" means direct and accidental loss or damage.

I. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:

1. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;
2. Vehicles maintained for use solely on or next to premises you own or rent;
3. Vehicles that travel on crawler treads;

4. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:
 - a. Power cranes, shovels, loaders, diggers or drills; or
 - b. Road construction or resurfacing equipment such as graders, scrapers or rollers.
 5. Vehicles not described in paragraphs 1., 2., 3. or 4. above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:
 - a. Air compressors, pumps and generators, including spraying, welding, building, cleaning, geophysical exploration, lighting and well servicing equipment; or
 - b. Cherry pickers and similar devices used to raise or lower workers.
 6. Vehicles not described in paragraphs 1., 2., 3. or 4. above maintained primarily for purposes other than the transportation of persons or cargo. However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":
 - a. Equipment designed primarily for:
 - (1) Snow removal;
 - (2) Road maintenance, but not construction or resurfacing; or
 - (3) Street cleaning;
 - b. Cherry pickers and similar devices
- c. Air compressors, pumps and generators, including spraying, welding, building, cleaning, geophysical exploration, lighting or well servicing equipment.
 - J. "Pollutants" means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.
 - K. "Property damage" means damage to or loss of use of tangible property.
 - L. "Suit" means a civil proceeding in which:
 1. Damages because of "bodily injury" or "property damage"; or
 2. A "covered pollution cost or expense",
 to which this insurance applies, are alleged.
 "Suit" includes:
 - a. An arbitration proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the "insured" must submit or does submit with our consent; or
 - b. Any other alternative dispute resolution proceeding in which such damages or "covered pollution costs or expenses" are claimed and to which the insured submits with our consent.
 - M. "Trailer" includes semitrailer.

No. NTP

Renewal of Number NTP

STATE NATIONAL INSURANCE COMPANY
8200 Anderson Boulevard, Fort Worth, TX 76120
817-265-2000

NON-TRUCKING PACKAGE DECLARATIONS

ITEM ONE

NAMED INSURED:

MAILING ADDRESS:

POLICY COVERS FROM

TO

12:01 A.M. Standard Time at the Named Insured's Address stated above.

AGENT OR BROKER:

Agent Code:

FORM OF NAMED INSURED'S BUSINESS:

☐ CORPORATION

☐ LIMITED LIABILITY COMPANY

☐ INDIVIDUAL

☐ PARTNERSHIP

☐ OTHER _____

LOCATION OF BUSINESS: _____

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Auto Section FORMS NTL 1002 AND CA 0010 next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		Separately stated in each P.I.P. Endorsement minus \$ ded.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		Separately stated in each added P.I.P. Endorsement	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in the P.I.P. Endorsement minus \$ ded. For each accident	\$
MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$

DECLARATIONS NON-TRUCKING PACKAGE – (CONTINUED)

PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. For each covered auto, but no ded. Applies to loss caused by fire or lightning. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. for each covered auto. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE COLLISION COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. for each covered auto. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		\$ for each disablement of a private passenger auto	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION: See Endorsement Schedule		PREMIUM FOR ENDORSEMENTS	\$
		MISCELLANEOUS CHARGES*	\$
		ESTIMATED TOTAL PREMIUM	\$

*None at time of issue.

The estimated total premium for this policy is based on the exposures you told us you would have when this policy began. We will compute your final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and you will be billed for the balance, if any. If the total estimated premium exceeds the final premium due you will get a refund. To determine your final premium due we examine your records at any time during the period of coverage and up to three years afterward. If this policy is issued for more than one year, the premium shall be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

Countersigned _____ 20 _____ at _____
By _____

DECLARATIONS NON-TRUCKING PACKAGE – (CONTINUED)**ITEM THREE****SCHEDULE OF COVERED AUTOS YOU OWN – SEE SEPARATE SCHEDULE OF COVERED “AUTOS”****ITEM FOUR****SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS****LIABILITY COVERAGE**

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	PREMIUM
	\$	\$	\$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	RATE	MAX. NO. OF AUTOS IN POSSESSION	COVERAGE DAYS	ESTIMATED PREMIUM
COMPREHENSIVE	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto, but no deductible applies to loss caused by fire or lightning.	\$			\$
SPECIFIED CAUSES OF LOSS	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto..	\$			\$
COLLISION	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto.	\$			\$
TOTAL PREMIUM					\$

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver or lessor or an employee of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE**SCHEDULE FOR NON-OWNERSHIP LIABILITY**

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number Of Partners		\$
TOTAL		\$

**ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR
AUTOMOBILE BODILY INJURY AND PROPERTY DAMAGE LIABILITY UNDER
SECTION 10927, TITLE 49 OF THE UNITED STATES CODE**

The policy to which this endorsement is attached is an automobile bodily injury and property damage liability policy and is amended to assure compliance by the insured as a motor carrier of passengers or property, with Section 10927, Title 49 of the United States Code and the pertinent rules and regulations of the Interstate Commerce Commission.

In consideration of the premium stated in the policy to which this endorsement is attached, the Company agrees to pay, within the limits of liability prescribed herein, any final judgment recovered against the insured for bodily injury to or death of any person, or loss of or damage to property of others (excluding injury to or death of the insured's employees while engaged in the course of their employment, and property transported by the insured, designated as cargo), resulting from negligence in the operation, maintenance, or use of motor vehicles under certificate or permit issued to the insured by the Interstate Commerce Commission, or otherwise in interstate or foreign commerce subject to Subchapter II, Chapter 105, Subtitle IV of Title 49 of the United States Code, regardless of whether or not such motor vehicles are specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized by the Interstate Commerce Commission to be served by the insured or elsewhere.

It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, or any other endorsement thereon or violation thereof, or of this endorsement, by the insured, shall relieve the Company from liability or from the payment of any final judgment, irrespective of the financial responsibility or lack thereof or insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which this endorsement is attached are to remain in full force and effect as binding between the insured and the Company, and the insured agrees to reimburse the Company for any payment made by the Company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the Company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is understood and agreed that, upon failure of the Company to pay any final judgment recovered against the insured as prescribed herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the Company to compel such payment.

The Company's liability for the amounts provided in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the Company for the payment of final judgments resulting from any other accident.

The liability of the Company on each motor vehicle shall be the limits prescribed in 49 CFR 1043.2(b)(1), governing minimum amounts of insurance.

This endorsement may not be canceled without notification to the Commission. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the Interstate Commerce Commission at its office in Washington, D.C., said thirty (30) days' notice commencing from the date notice is received by the Commission.

Issued to _____ of _____

Dated at _____ this _____ day of _____, 20 .

Amending Policy No. _____ Effective Date _____

Name of Insurance Company Lincoln General Insurance Company

Countersigned by _____
Authorized Company Representative

No. PAP

Renewal of Number PAP

STATE NATIONAL INSURANCE COMPANY
8200 Anderson Boulevard, Fort Worth, TX 76120
817-265-2000

TRUCKERS POLICY DECLARATIONS

ITEM ONE

NAMED INSURED:

MAILING ADDRESS:

POLICY COVERS FROM

TO

12:01 A.M. Standard Time at the Named Insured's Address stated above.

AGENT OR BROKER:

Agent Code:

FORM OF NAMED INSURED'S BUSINESS:

☐ CORPORATION

☐ LIMITED LIABILITY COMPANY

☐ INDIVIDUAL

☐ PARTNERSHIP

☐ OTHER _____

LOCATION OF BUSINESS: _____

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		Separately stated in each P.I.P. Endorsement minus \$ ded.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		Separately stated in each added P.I.P. Endorsement	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in the P.I.P. Endorsement minus \$ ded. For each accident	\$
MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$

DECLARATIONS – PRIMARY AUTO PACKAGE POLICY – (CONTINUED)

TRAILER INTERCHANGE INSURANCE COMPREHENSIVE COVERAGE		Actual cash value, cost of repair or \$ whichever is less	\$
TRAILER INTERCHANGE INSURANCE SPECIFIED CAUSES OF LOSS COVERAGE		Actual cash value, cost of repair or \$ whichever is less, minus \$25. Ded. For each covered auto for loss caused by mischief or vandalism	\$
TRAILER INTERCHANGE INSURANCE COLLISION COVERAGE		Actual cash value, cost of repair or \$ whichever is less, minus \$ ded. For each covered auto	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. For each covered auto, but no ded. Applies to loss caused by fire or lightning. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. for each covered auto. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE COLLISION COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. for each covered auto. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ for each disablement of a private passenger auto	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION:	PREMIUM FOR ENDORSEMENTS		\$
	MISCELLANEOUS CHARGES*		\$
	ESTIMATED TOTAL PREMIUM		\$

*None at time of issue.

The estimated total premium for this policy is based on the exposures you told us you would have when this policy began. We will compute your final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and you will be billed for the balance, if any. If the total estimated premium exceeds the final premium due you will get a refund. To determine your final premium due we examine your records at any time during the period of coverage and up to three years afterward. If this policy is issued for more than one year, the premium shall be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

Countersigned _____ 20 _____ at _____
By _____

DECLARATIONS – PRIMARY AUTO PACKAGE POLICY – (CONTINUED)**ITEM THREE****SCHEDULE OF COVERED AUTOS YOU OWN – SEE SEPARATE SCHEDULE OF COVERED “AUTOS”****ITEM FOUR****SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS****LIABILITY COVERAGE**

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	PREMIUM
	\$	\$	\$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	RATE	MAX. NO. OF AUTOS IN POSSESSION	COVERAGE DAYS	ESTIMATED PREMIUM
COMPREHENSIVE	Actual cash value, cost of repair or \$ whichever is less, minus \$ ded. For each covered auto, but no deductible applies to loss caused by fire or lightning.	\$			\$
SPECIFIED CAUSES OF LOSS	Actual cash value, cost of repair or \$ whichever is less, minus \$ ded. For each covered auto.	\$			\$
COLLISION	Actual cash value, cost of repair or \$ whichever is less, minus \$ ded. For each covered auto.	\$			\$
TOTAL PREMIUM					\$

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver or lessor or an employee of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE**SCHEDULE FOR NON-OWNERSHIP LIABILITY**

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number Of Partners		\$
TOTAL		\$

ITEM SIX**TRAILER INTERCHANGE INSURANCE**

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE		RATE	MAX. NO. OF TRAILERS IN POSSESSION	TRAILER DAYS	ESTIMATED PREMIUM
COMPREHENSIVE	Actual Cash Value, Cost of Repair, or	\$ \$ whichever is less, minus ded. for each covered "trailer".	\$			\$
SPECIFIED CAUSES OF LOSS		\$ \$ whichever is less, minus ded. for each covered "trailer".	\$			\$
COLLISION		\$ \$ whichever is less, minus ded. for each covered "trailer".	\$			\$
TOTAL PREMIUM						\$

No. PAP

Renewal of Number PAP

STATE NATIONAL INSURANCE COMPANY

Fort Worth, TX 76120

817-265-2000

PRIMARY AUTO PACKAGE DECLARATIONS

ITEM ONE

NAMED INSURED:

MAILING ADDRESS:

POLICY COVERS FROM

TO

12:01 A.M. Standard Time at the Named Insured's Address stated above.

AGENT OR BROKER:

Agent Code:

FORM OF NAMED INSURED'S BUSINESS:

☐ CORPORATION

☐ LIMITED LIABILITY COMPANY

☐ INDIVIDUAL

☐ PARTNERSHIP

☐ OTHER _____

LOCATION OF BUSINESS: _____

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		Separately stated in each P.I.P. Endorsement minus \$ ded.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		Separately stated in each added P.I.P. Endorsement	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in the P.I.P. Endorsement minus \$ ded. For each accident	\$
MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$

DECLARATIONS – PRIMARY AUTO PACKAGE POLICY – (CONTINUED)

TRAILER INTERCHANGE INSURANCE COMPREHENSIVE COVERAGE		Actual cash value, cost of repair or \$ whichever is less	\$
TRAILER INTERCHANGE INSURANCE SPECIFIED CAUSES OF LOSS COVERAGE		Actual cash value, cost of repair or \$ whichever is less, minus \$25. Ded. For each covered auto for loss caused by mischief or vandalism	\$
TRAILER INTERCHANGE INSURANCE COLLISION COVERAGE		Actual cash value, cost of repair or \$ whichever is less, minus \$ ded. For each covered auto	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. For each covered auto, but no ded. Applies to loss caused by fire or lightning. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. for each covered auto. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE COLLISION COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. for each covered auto. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		\$ for each disablement of a private passenger auto	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION: See Endorsement Schedule	GENERAL LIABILITY COVERAGE		\$
	PREMIUM FOR ENDORSEMENTS		\$
	MISCELLANEOUS CHARGES*		\$
	ESTIMATED TOTAL PREMIUM		\$
*None at time of issue			

The estimated total premium for this policy is based on the exposures you told us you would have when this policy began. We will compute your final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and you will be billed for the balance, if any. If the total estimated premium exceeds the final premium due you will get a refund. To determine your final premium due we examine your records at any time during the period of coverage and up to three years afterward. If this policy is issued for more than one year, the premium shall be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

Countersigned _____ 20 _____ at _____
By _____

DECLARATIONS – PRIMARY AUTO PACKAGE POLICY – (CONTINUED)**ITEM SEVEN****GENERAL LIABILITY**

COVERAGES	LIMIT	TOTAL GENERAL LIABILITY PROVISIONAL ANNUAL POLICY PREMIUM
GENERAL AGGREGATE LIMIT (other than products & completed operations)	\$	
PRODUCT & COMPLETED OPERATIONS AGGREGATE LIMIT	\$	
PERSONAL & ADVERTISING INJURY LIABILITY LIMIT	\$	
EACH OCCURRENCE LIMIT	\$	
FIRE DAMAGE LIMIT (any one fire)	\$	
MEDICAL EXPENSE LIMIT (any one person)	\$	
	\$	\$

No. PAP

Renewal of Number PAP

STATE NATIONAL INSURANCE COMPANY

8200 Anderson Boulevard
Fort Worth, TX 76120

BUSINESS AUTO POLICY DECLARATIONS

ITEM ONE

NAMED INSURED:

MAILING ADDRESS:

POLICY COVERS FROM

TO

12:01 A.M. Standard Time at the Named Insured's Address stated above.

AGENT OR BROKER:

Agent Code:

FORM OF NAMED INSURED'S BUSINESS:

☐ CORPORATION

☐ LIMITED LIABILITY COMPANY

☐ INDIVIDUAL

☐ PARTNERSHIP

☐ OTHER _____

LOCATION OF BUSINESS: _____

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$, Combined Single Limit	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)	See Supplemental Declarations	Separately stated in each P.I.P. Endorsement minus \$ ded.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)	See Supplemental Declarations	Separately stated in each Added P.I.P. Endorsement	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in the P.I.P. Endorsement minus \$ ded. For each accident	\$
MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$

DECLARATIONS – BUSINESS AUTO POLICY– (CONTINUED)

PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. For each covered auto, but no ded. Applies to loss caused by fire or lightning. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. for each covered auto. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE COLLISION COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. for each covered auto. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		\$ For each disablement of a private passenger auto	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION: See Endorsement Schedule		PREMIUM FOR ENDORSEMENTS	\$
		MISCELLANEOUS CHARGES*	\$
		ESTIMATED TOTAL PREMIUM	\$

*None at time of issue.

The estimated total premium for this policy is based on the exposures you told us you would have when this policy began. We will compute your final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and you will be billed for the balance, if any. If the total estimated premium exceeds the final premium due you will get a refund. To determine your final premium due we examine your records at any time during the period of coverage and up to three years afterward. If this policy is issued for more than one year, the premium shall be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

Countersigned _____ 20 at _____
By _____

DECLARATIONS – BUSINESS AUTO POLICY– (CONTINUED)

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN – SEE SEPARATE SCHEDULE OF COVERED “AUTOS”

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
	\$	\$		\$
TOTAL PREMIUM				\$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto, but no deductible applies to loss caused by fire or lightning.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	Actual cash value or cost of repair, whichever is less, minus \$25. ded. For each covered auto for loss caused by mischief or vandalism.	\$	\$	\$
COLLISION	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto.	\$	\$	\$
TOTAL PREMIUM				\$

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FIVE

SCHEDULE FOR NON-OWNERSHIP LIABILITY

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Service Agency	Number of Employees		\$
Social Service Agency	Number of Employees		\$
	Number of Volunteers		\$
TOTAL			\$

STATE NATIONAL INSURANCE COMPANY

Fort Worth, TX 76120

817-265-2000

TRUCKERS COVERAGE PART DECLARATIONS**ITEM ONE****NAMED INSURED:****POLICY NO.:****ITEM TWO****SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$, Combined Single Limit	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		Separately stated in each P.I.P. Endorsement minus \$ ded.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		Separately stated in each added P.I.P. Endorsement	\$
MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS		\$	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		Separately stated in the P.I.P. Endorsement minus \$ ded. For each accident	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE INSURANCE COMPREHENSIVE COVERAGE		Actual cash value, cost of repair or \$ whichever is less	\$
TRAILER INTERCHANGE INSURANCE SPECIFIED CAUSES OF LOSS COVERAGE		Actual cash value, cost of repair or \$ whichever is less, minus \$25. Ded. For each covered auto for loss caused by mischief or vandalism	\$
TRAILER INTERCHANGE INSURANCE COLLISION COVERAGE		Actual cash value, cost of repair or \$ whichever is less, minus \$ ded. For each covered auto	\$

DECLARATIONS – TRUCKERS COVERAGE PART – (CONTINUED)

PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. For each covered auto, but no ded. Applies to loss caused by fire or lightning. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. for each covered auto. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE COLLISION COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. for each covered auto. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		\$ for each disablement of a private passenger auto	\$
FORMS AND ENDORSEMENTS ATTACHED TO THIS COVERAGE PART:	PREMIUM FOR ENDORSEMENTS		\$
	MISCELLANEOUS CHARGES*		\$
	ESTIMATED TOTAL PREMIUM		\$

*None at time of issue.

The estimated total premium for this coverage part is based on the exposures you told us you would have when this policy began. We will compute your final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and you will be billed for the balance, if any. If the total estimated premium exceeds the final premium due you will get a refund. To determine your final premium due we examine your records at any time during the period of coverage and up to three years afterward. If this policy is issued for more than one year, the premium shall be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

STATE NATIONAL INSURANCE COMPANY

8200 Anderson Boulevard
Fort Worth, TX 76120

BUSINESS AUTO COVERAGE PART DECLARATIONS

ITEM ONE

NAMED INSURED:

POLICY NO.:

ITEM TWO

SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$, Combined Single Limit	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)	See Supplemental Declarations	Separately stated in each P.I.P. Endorsement minus \$ ded.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)	See Supplemental Declarations	Separately stated in each Added P.I.P. Endorsement	\$
MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS		\$	\$
SUPPLEMENTARY UNINSURED/UNDER-INSURED MOTORISTS	See Supplemental Declarations		
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. For each covered auto, but no ded. Applies to loss caused by fire or lightning. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. for each covered auto. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE COLLISION COVERAGE		Actual cash value or cost of repair, whichever is less, minus \$(See Schl) ded. for each covered auto. See item four for hired or borrowed autos	\$
PHYSICAL DAMAGE TOWING AND LABOR (Not Available in California)		\$ For each disablement of a private passenger auto	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION: See Endorsement Schedule		PREMIUM FOR ENDORSEMENTS	\$
		MISCELLANEOUS CHARGES*	\$
		ESTIMATED TOTAL PREMIUM	\$

*None at time of issue.

DECLARATIONS – BUSINESS AUTO COVERAGE PART– (CONTINUED)**ITEM THREE****SCHEDULE OF COVERED AUTOS YOU OWN – SEE SEPARATE SCHEDULE OF COVERED “AUTOS”****ITEM FOUR****SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage Is Primary)	PREMIUM
	\$	\$		\$
TOTAL PREMIUM				\$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto, but no deductible applies to loss caused by fire or lightning.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	Actual cash value or cost of repair, whichever is less, minus \$25. ded. For each covered auto for loss caused by mischief or vandalism.	\$	\$	\$
COLLISION	Actual cash value or cost of repair, whichever is less, minus \$ ded. For each covered auto.	\$	\$	\$
TOTAL PREMIUM				\$

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FIVE**SCHEDULE FOR NON-OWNERSHIP LIABILITY**

Named Insured's Business	Rating Basis	Number	Premium
Other than a Social Service Agency	Number of Employees		\$
Social Service Agency	Number of Employees		\$
	Number of Volunteers		\$
TOTAL			\$

The estimated total premium for this policy is based on the exposures you told us you would have when this policy began. We will compute your final premium due when we determine your actual exposures. The estimated total premium will be credited against the final premium due and you will be billed for the balance, if any. If the total estimated premium exceeds the final premium due you will get a refund. To determine your final premium due we examine your records at any time during the period of coverage and up to three years afterward. If this policy is issued for more than one year, the premium shall be computed annually based on our rates or premiums in effect at the beginning of each year of the policy.

Policy Number

Endorsement No.

SCHEDULE OF TAXES, SURCHARGES OR FEES CHANGES

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

Policy Number

SCHEDULE OF TAXES, SURCHARGES OR FEES

Named Insured

Effective Date:
12:01 A.M., Standard Time

Agent Name

Agent No.

TRUCKERS DECLARATIONS

POLICY NO.: _____

Producer

ITEM ONE**NAMED INSURED:****MAILING ADDRESS:**

POLICY PERIOD: From _____ to _____
 at 12:01 A.M. Standard Time at your mailing address shown above.

PREVIOUS POLICY NUMBER: _____**FORM OF BUSINESS:**☐ CORPORATION☐ LIMITED LIABILITY COMPANY☐ INDIVIDUAL☐ PARTNERSHIP☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
 WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception:					
AUDIT PERIOD (IF APPLICABLE)		ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY

ENDORSEMENTS ATTACHED TO THIS POLICY:

IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)

IL 00 21 – Broad Form Nuclear Exclusion (Not Applicable in New York)

SEE SCHEDULE OF FORMS AND ENDORSEMENTS

COUNTERSIGNED _____ BY _____
 (Date) (Authorized Representative)

NOTE

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE
 AT THE COMPANY'S OPTION.

ITEM TWO**SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY			
PERSONAL INJURY PROTECTION (or equivalent No-fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS DEDUCTIBLE.	
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS DEDUCTIBLE FOR EACH ACCIDENT.	
MEDICAL PAYMENTS			
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	
UNINSURED MOTORISTS			
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)			
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR WHICHEVER IS LESS,	
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.	
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.	
PHYSICAL DAMAGE TOWING AND LABOR		FOR EACH DISABLEMENT OF A PRIVATE PASSENGER "AUTO".	
		TAX/SURCHARGE/FEE	
		PREMIUM FOR ENDORSEMENTS	
		*ESTIMATED TOTAL PREMIUM	

*This policy may be subject to final audit.

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				PURCHASED			TERRITORY	
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Original Cost New	Actual Cost & NEW (N) USED (U)		Town & State Where The Covered Auto Will Be Principally Garaged	
Covered Auto No.	CLASSIFICATION								EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
	Radius Of Operation	Business Use s= service r= retail c= commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	
					Liab.	Phy. Dam.			
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P		PROPERTY PROTECTION (Michigan Only)		
	Limit	Premium	Limit Stated In Each P.I.P. Endt. Minus Deductible Shown Below	Premium	Premium For Limit Stated In Each Added P.I.P. Endt.		Limit Stated In P.P.I. Endt. Minus Deductible Shown Below	Premium	
Total Premium									

ITEM THREE

SCHEDULE OF COVERED AUTOS YOU OWN (Cont'd)

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)			
	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated In Each Medical Expense and Income Loss Endorsement For Each Person	Premium
Total Premium				

Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)							
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
Total Premium								

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE – RATING BASIS, COST OF HIRE – AUTOS USED IN YOUR TRUCKING OPERATIONS				
ESTIMATED COST OF HIRE		RATE PER EACH \$100 COST OF HIRE		TOTAL ESTIMATED PREMIUM
LIABILITY COVERAGE – RATING BASIS, COST OF HIRE – AUTOS NOT USED IN YOUR TRUCKING OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage is Primary)	PREMIUM
TOTAL PREMIUM				
LIABILITY COVERAGE – RATING BASIS, NUMBER OF DAYS – (FOR MOBILE OR FARM EQUIPMENT – RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
TOTAL PREMIUM				

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.			
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.			
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS DEDUCTIBLE FOR EACH COVERED AUTO.			
TOTAL PREMIUM				

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE**SCHEDULE FOR NON-OWNERSHIP LIABILITY**

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		
Number Of Partners		
TOTAL		

ITEM SIX**TRAILER INTERCHANGE COVERAGE**

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE	STATED IN ITEM TWO		
SPECIFIED CAUSES OF LOSS			
COLLISION			
TOTAL PREMIUM			

ITEM SEVEN**SCHEDULE FOR GROSS RECEIPTS RATING BASIS – LIABILITY COVERAGE**

ESTIMATED YEARLY	RATES				PREMIUMS			
	Per \$100 of Gross Receipts							
<div><input type="checkbox"/> Gross Receipts</div>	LIABILITY	AUTO MEDICAL PAYMENTS	MEDICAL EXPENSE BENEFITS (VA Only)	INCOME LOSS BENEFITS (VA Only)	LIABILITY	AUTO MEDICAL PAYMENTS	MEDICAL EXPENSE BENEFITS (VA Only)	INCOME LOSS BENEFITS (VA Only)
TOTAL PREMIUMS								
MINIMUM PREMIUMS								

When used as a premium basis:

Gross Receipts means the total amount to which you are entitled for shipping or transporting property during the policy period regardless of whether you or any other carrier originate the shipment or transportation. "Gross Receipts" includes the total amount received from renting equipment, with or without drivers, to anyone who is not a "trucker" and 15% of the total amount received from renting any equipment to any "trucker". Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising Revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.
- E. Warehouse storage fees.

LINCOLN GENERAL INSURANCE COMPANY
ON BEHALF OF
STATE NATIONAL INSURANCE COMPANY
3501 CONCORD RD, PO BOX 12008
YORK PA 17402

NOTICE OF CANCELLATION OF INSURANCE

Named Insured & Mailing Address:

Producer: 0001

AR AU ODEN CANC NOTICE TEST
123 MAIN STREET
DAISY AR 71950

REVISED TEST PRODUCER
999 JENKINS ROAD
HARTFORD CT 06106

Policy No.: LG 100102940
Type of Policy: AUTO LIABILITY AND PHYSICAL DAMAGE
Date of Cancellation: 05/08/2008; 12:01 A.M. Local Time at the mailing address of the Named Insured.

We are cancelling this policy. Your insurance will cease on the Date of Cancellation shown above.

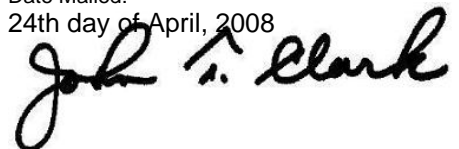
The reason for cancellation is Request of Finance Co. (for non-payment to Finance Co.)

"NOTICE"
FAILURE TO MAINTAIN AUTOMOBILE LIABILITY COVERAGE IN THE MINIMUM LIMITS OF LIABILITY OF
\$25,000/\$50,000/\$25,000 IS A VIOLATION OF ARKANSAS LAW.

Named Insured

AR AU ODEN CANC NOTICE TEST
123 MAIN STREET
DAISY AR 71950

Date Mailed:
24th day of April, 2008



NEW SIGNATURE

<i>SERFF Tracking Number:</i>	<i>STNA-125573294</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#102189 \$50</i>
<i>Company Tracking Number:</i>	<i>SNIC-CA-LG-AR-08-01-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>The LG Program</i>		
<i>Project Name/Number:</i>	<i>SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: STNA-125573294 State: Arkansas
Filing Company: State National Insurance Company Inc. State Tracking Number: #102189 \$50
Company Tracking Number: SNIC-CA-LG-AR-08-01-F
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto
Product Name: The LG Program
Project Name/Number: SNIC-CA-LG-AR-08-01-F/SNIC-CA-LG-AR-08-01-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 04/30/2008

Comments:

Attachment:

2007 NAIC FFS +.pdf

Satisfied -Name: Forms List, Filing Memo & Letter of
Authorization **Review Status:** Approved 04/30/2008

Comments:

Attachments:

AR CA FormsList.pdf

AR Auto Memo.pdf

CA FAL Letters AR F.pdf

FORM FILING SCHEDULE

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1.	This filing transmittal is part of Company Tracking #		SNIC-CA-LG-AR-08-01-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		SNIC-CA-LG-AR-08-01-R (desk file)		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state

01	Policy Jacket	S 2000 01 08	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	Business Auto Declarations	AU-DEC C/W 03 06	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	Schedule Of Miscellaneous Auto Changes	AU-MISC (01/ 97)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	Business Auto Physical Damage Declarations	BAP 0006 07 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	Common Policy Change Endorsement	CO-CHANGES (01/97)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	Common Policy Declarations	CO-DEC (07/ 01)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	Schedule Of Forms And Endorsements	FORM-SCHED (01/97)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	Business Auto Coverage Form Declarations	GMI 0001 01 00	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09	Composite Rate Endorsement	GMI 1000 01 00	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10	Rental/Lease Agreement Endorsement	GMI 1001 01 00	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
11	Business Auto Coverage Form Endorsement	GMI 1002 05 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
12	Model Year Restriction Endorsement	GMI 1003 01 00	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
13	Renewal Endorsement - Business Auto Coverage Part	GMI 1005 05 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

FORM FILING SCHEDULE (Continued)

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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state

14	Amendment Of Limit Of Liability	GMI 1007 01 00	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
15	Additional Insured Endorsement	GMI 1008 01 00	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
16	Deposit Premium Endorsement	GMI 1009 01 00	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
17	Multiple Location Endorsement	GMI 1011 01 00	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
18	Liability Limits Endorsement	GMI 1012 01 00	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
19	Multiple State Limit of Liability Endorsement	GMI 1015 0100	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
20	Conformity To Statute, Procedure Or Rule Endorsement - Business Auto Coverage Part	GMI 1021 05 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
21	Physical Damage Limit Endorsement - Business Auto Coverage Form	GMI 1022 05 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
22	Definition Of Auto Endorsement - Business Auto Coverage	GMI 1023 05 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
23	Additional Physical Damage Coverage Exclusions Endorsement - Business Auto Coverage	GMI 1024 06 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
24	Additional Liability Coverage Exclusions Endorsement - Business Auto Coverage Form	GMI 1025 05 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
25	Specified Physical Damage Coverage Endorsement - Business Auto Coverage Part	GMI 1026 05 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

FORM FILING SCHEDULE (Continued)

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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state

26	Physical Damage Coverage Endorsement - Business Auto Coverage Part	GMI 1027 0505	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
27	Newly Acquired Vehicle Endorsement – Reporting - Business Auto Coverage Form	GMI 1028 05 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
28	Newly Acquired Vehicle Endorsement – Scheduled - Business Auto Coverage Form	GMI 1029 05 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
29	Description Of Covered Auto Designation Symbols Endorsement - Business Auto Coverage Form	GMI 1031 0505	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
30	Garage Coverage Form - Auto Dealers' Supplementary Schedule	GR-DEALER SUPP C/W 03 06	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
31	Schedule Of Covered Autos You Own - Dealers	GR-DEALER AUTOS-CW 04 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
32	Auto Dealers' Schedule Of Changes	GR-DEALER-CHG (1)-CW (01/05)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
33	Garage Declarations	GR-DEC C/W 03 06	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
34	Schedule of Miscellaneous Garage Changes	GR-MISC CHANGES (01/97)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
35	Installment Schedule	INSTSCHD (01/02)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
36	Form F - Uniform Motor Carrier Bodily Injury And Property Damage Liability Insurance Endorsement	IRB 3538A	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
37	Non Trucking Liability Endorsement - Arkansas	L 1014 07 97	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
38	Special Named Insured Endorsement	L 1024 09 95	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

FORM FILING SCHEDULE (Continued)

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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state

39	Driver Schedule	L 1025 02 92	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
40	Lessee Schedule	L 1038 01 90	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
41	Surcharge/Tax Summary Endorsement	L 1041 03 94	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
42	Aggregate Retention/Deductible Endorsement	L 1050 1001	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
43	Schedule Of Covered Autos	L 1063 11 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
44	Endorsement Schedule	L 1064 07 91	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
45	Additional Insured - Lessor	L 1071 07 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
46	Loss Payable Clause	L 1074 07 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
47	Canadian Filing Schedule	L 1079 01 96	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
48	Additional Insured – Shipper	L 1081 07 95	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
49	Truckers Coverage Form Coverage Change Endorsement	L 1083 07 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
50	Surcharge/Tax For Miscellaneous Coverages	L 1095 02 93	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

FORM FILING SCHEDULE (Continued)

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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state

51	Declarations - Business Auto Physical Damage Policy - Coverage Change Endorsement	L 1097 07 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
52	Inspection Notice	L 1140 01 99	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
53	Additional Policy Definitions	L 1154 02 96	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
54	Schedule Rating Credits/Debits	L 1170 02 95	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
55	Dumping Endorsement	L 1183 06 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
56	Additional Insured - Shipper	L 1190 07 95	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
57	Additional Insured - Broker	L 1191 0795	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
58	Additional Insured - Broker	L 1192 07 95	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
59	Additional Insured	L 1218 12 95 A	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
60	Additional Insured - Equipment Provider List	L 1219 03 99	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
61	Retrospective Endorsement	L 1220 12 95	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
62	Catastrophic Loss Endorsement	L 1228 07 97	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
63	Policy Reporting Form	L 1249 11 06	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

FORM FILING SCHEDULE (Continued)

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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state

64	Shipping Container Limitation	L 1401 01 98	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
65	Notice - Fraud Statement	L 1404 05 95	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
66	Trailer Unhooked Coverage	L 1414 03 97	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
67	Trailer Liability Coverage Endorsement	L 1415 09 06	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
68	Punitive, Exemplary and Extracontractual Damage Exclusion	L 1439 07 97	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
69	Aggregate Deductible Endorsement - (Per Accident Basis)	L 1450 05 06	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
70	Automobile - Owner Only Leased Vehicle Excess Liability Coverage Follow Form (Difference Between Underlying Coverage And \$1,000,000 Csl)	L 1500 05 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
71	Automobile - Owner Only Leased Vehicle Excess Liability Coverage Follow Form (Difference Between Underlying Coverage And \$500,000 Csl)	L 1501 05 05	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
72	Excess To Include Interim Car Endorsement	L 1502 09 03	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
73	Leasing Concerns – Interim Coverage	L 1503 09 03	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
74	Leasing Concerns – Lessors Contingent Liability Coverage	L 1504 09 03	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
75	Leasing Concerns – Contingent - Physical Damage Coverage	L 1505 09 03	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
76	Trailer Interchange Coverage	L 2005 06 92	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
77	Countersignature Endorsement	L 2007 08 95	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

FORM FILING SCHEDULE (Continued)

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		SNIC-CA-LG-AR-08-01-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		SNIC-CA-LG-AR-08-01-R (desk file)		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state

78	Named Insured Continuation Endorsement	L 6002 02 92	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
79	Change Endorsement #	L 6023 09 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
80	Premium Payment Notice	L 6055 01 94	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
81	Exclusion Of Driver Endorsement	L 6062 11 95	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
82	Liability Deductible Claims Security Agreement	L 6089 03 04	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
83	Liability Deductible Claims Security Agreement – Specified Driver	L 6097 03 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
84	Couriers – Special Provisions	LCA 01 00 04 03	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
85	Business Auto Policy Declarations	LGCA CI01 09 03	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
86	Automobile-Owner Only Leased Vehicle Excess Liability Declarations Follow Form	LGCA EX01 09 03	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
87	Schedule Of Covered Autos You Own	LGIC CA SCHED 09 03	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
88	Schedule Of Location Changes	LOC-CHNGS (01/97)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
89	Schedule Of Locations	LOC-SCHED (01/97)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
90	Schedule Of Loss Payee(S)	LOSS-PAYEE (01/97)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

FORM FILING SCHEDULE (Continued)

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		SNIC-CA-LG-AR-08-01-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		SNIC-CA-LG-AR-08-01-R (desk file)		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state

91	Signature Page	L-SIG01 10 06	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
92	Automobile Excess Rental Liability Policy	LSLI 0002 12 03	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
93	Automobile Excess Rental Liability Supplemental Policy Declarations	LSLI DS00 11 03	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
94	Automobile Excess Rental Liability Supplemental Policy Declarations	LSLI DS01 11 03	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
94	Endorsement	MAN-AU 01 02	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
96	Endorsement For Motor Carrier Policies Of Insurance For Public Liability Under Sections 29 And 30 Of The Motor Carrier Act Of 1980	MCS-90 04 00 (OMB 2126-0008)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
97	Endorsement For Motor Carrier Policies Of Insurance For Public Liability Under Section 18 Of The Bus Regulatory Reform Act Of 1982	MCS-90B 04 00 (OMB 2126-0008)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
98	Schedule Of Named Insured(S)	NI-SCHED (01/97)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
99	Non Trucking Liability Policy Declarations	NTL 0004 07 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
100	Business Auto Non-Trucking Liability Coverage Form	NTL 1002 02 96	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
101	Non Trucking Package Declarations	NTP 0005 07 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

FORM FILING SCHEDULE (Continued)

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		SNIC-CA-LG-AR-08-01-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		SNIC-CA-LG-AR-08-01-R (desk file)		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state

102	Endorsement For Motor Carrier Policies Of Insurance For Automobile Bodily Injury And Property Damage Liability Under Section 10927, Title 49 Of The United States Code	OMB 3120 0086 (Form B.M.C. 90 Rev. 1982)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
103	Truckers Policy Declarations	PAP 0002 07 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
104	Primary Auto Package Declarations	PAP 0002 08 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
105	Business Auto Policy Declarations	PAP 0003 07 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
106	Truckers Coverage Part Declarations	PAP 0004 07 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
107	Business Auto Coverage Part Declarations	PAP 0005 07 01	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
108	Schedule Of Taxes, Surcharges Or Fees Changes	TAX-CHNGS (01/97)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
109	Schedule Of Taxes, Surcharges Or Fees	TAX-FORM (01/97)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
110	Truckers Declarations	TR- DEC C/W 03 06	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
111			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

State National Insurance Company
Commercial Auto Liability

Forms List - Arkansas

Title	Type	Form Number
Policy Jacket	Policy Jacket	S 2000 01 08
Business Auto Declarations	Declarations	AU-DEC C/W 03 06
Schedule Of Miscellaneous Auto Changes	Schedule	AU-MISC (01/ 97)
BUSINESS AUTO PHYSICAL DAMAGE DECLARATIONS	Declarations	BAP 0006 07 01
Common Policy Change Endorsement	Endorsement	CO-CHANGES (01/97)
Common Policy Declarations	Declarations	CO-DEC (07/ 01)
Schedule Of Forms And Endorsements	Schedule	FORM-SCHED (01/97)
BUSINESS AUTO COVERAGE FORM DECLARATIONS	Declarations	GMI 0001 01 00
Composite Rate Endorsement	Endorsement	GMI 1000 01 00
Rental/Lease Agreement Endorsement	Endorsement	GMI 1001 01 00
Business Auto Coverage Form Endorsement	Endorsement	GMI 1002 05 05
Model Year Restriction Endorsement	Endorsement	GMI 1003 01 00
Renewal Endorsement - Business Auto Coverage Part	Endorsement	GMI 1005 05 05
Amendment Of Limit Of Liability	Endorsement	GMI 1007 01 00
Additional Insured Endorsement	Endorsement	GMI 1008 01 00
Deposit Premium Endorsement	Endorsement	GMI 1009 01 00
Multiple Location Endorsement	Endorsement	GMI 1011 01 00
Liability Limits Endorsement	Endorsement	GMI 1012 01 00
Multiple State Limit of Liability Endorsement	Endorsement	GMI 1015 0100
Conformity To Statute, Procedure Or Rule Endorsement - Business Auto Coverage Part	Endorsement	GMI 1021 05 05
Physical Damage Limit Endorsement - Business Auto Coverage Form	Endorsement	GMI 1022 05 05
Definition Of Auto Endorsement - Business Auto Coverage	Endorsement	GMI 1023 05 05
Additional Physical Damage Coverage Exclusions Endorsement - Business Auto Coverage	Endorsement	GMI 1024 06 05
Additional Liability Coverage Exclusions Endorsement - Business Auto Coverage Form	Endorsement	GMI 1025 05 05
Specified Physical Damage Coverage Endorsement - Business Auto Coverage Part	Endorsement	GMI 1026 05 05
Physical Damage Coverage Endorsement - Business Auto Coverage Part	Endorsement	GMI 1027 0505
Newly Acquired Vehicle Endorsement – Reporting - Business Auto Coverage Form	Endorsement	GMI 1028 05 05
Newly Acquired Vehicle Endorsement – Scheduled - Business Auto Coverage Form	Endorsement	GMI 1029 05 05
Description Of Covered Auto Designation Symbols Endorsement - Business Auto Coverage Form	Endorsement	GMI 1031 0505
Garage Coverage Form - Auto Dealers' Supplementary Schedule	Schedule	GR-DEALER SUPP C/W 03 06
Schedule Of Covered Autos You Own - Dealers	Schedule	GR-DEALER AUTOS-CW 04 05
Auto Dealers' Schedule Of Changes	Schedule	GR-DEALER-CHG (1)-CW (01/05)
Garage Declarations	Declarations	GR-DEC C/W 03 06
Schedule Of Miscellaneous Garage Changes	Schedule	GR-MISC CHANGES (01/97)
Installment Schedule	Schedule	INSTSCHD (01/02)
Form F - Uniform Motor Carrier Bodily Injury And Property Damage Liability Insurance Endorsement	Endorsement	IRB 3538A
NON-TRUCKING LIABILITY ENDORSEMENT - ARKANSAS	Endorsement	L 1014 07 97 AR
Special Named Insured Endorsement	Endorsement	L 1024 09 95
Driver Schedule	Schedule	L 1025 02 92
Lessee Schedule	Schedule	L 1038 01 90
Surcharge/Tax Summary Endorsement	Endorsement	L 1041 03 94
AGGREGATE RETENTION/DEDUCTIBLE ENDORSEMENT	Endorsement	L 1050 1001
Schedule Of Covered Autos	Schedule	L 1063 11 05
Endorsement Schedule	Schedule	L 1064 07 91
Additional Insured - Lessor	Schedule	L 1071 07 01
Loss Payable Clause	Schedule	L 1074 07 01
Canadian Filing Schedule	Endorsement	L 1079 01 96
Additional Insured - Shipper	Endorsement	L 1081 07 95
Truckers Coverage Form Coverage Change Endorsement	Endorsement	L 1083 07 01
Surcharge/Tax For Miscellaneous Coverages	Endorsement	L 1095 02 93
Declarations - Business Auto Physical Damage Policy - Coverage Change Endorsement	Endorsement	L 1097 07 01
Inspection Notice	Notice	L 1140 01 99
Additional Policy Definitions	Policy	L 1154 02 96
Schedule Rating Credits/Debits	Schedule	L 1170 02 95
Dumping Endorsement	Endorsement	L 1183 06 01
Additional Insured - Shipper	Endorsement	L 1190 07 95
Additional Insured - Broker	Endorsement	L 1191 0795
Additional Insured - Broker	Endorsement	L 1192 07 95
Additional Insured	Endorsement	L 1218 12 95 A
Additional Insured - Equipment Provider List	Endorsement	L 1219 03 99
RETROSPECTIVE ENDORSEMENT	Endorsement	L 1220 12 95
Catastrophic Loss Endorsement	Endorsement	L 1228 07 97
Policy Reporting Form	Schedule	L 1249 11 06
Shipping Container Limitation	Endorsement	L 1401 01 98
Notice - Fraud Statement	Notice	L 1404 05 95
Trailer Unhooked Coverage	Endorsement	L 1414 03 97
Trailer Liability Coverage Endorsement	Endorsement	L 1415 09 06
PUNITIVE, EXEMPLARY AND EXTRACONTRACTUAL DAMAGE EXCLUSION	Endorsement	L 1439 07 97
Aggregate Deductible Endorsement - (Per Accident Basis)	Endorsement	L 1450 05 06
Automobile - Owner Only Leased Vehicle Excess Liability Coverage Follow Form (Difference Between Underlying Coverage And \$1,000,000 Csl)	Endorsement	L 1500 05 05
Automobile - Owner Only Leased Vehicle Excess Liability Coverage Follow Form (Difference Between Underlying Coverage And \$500,000 Csl)	Endorsement	L 1501 05 05
Excess To Include Interim Car Endorsement	Endorsement	L 1502 09 03
Leasing Concerns – Interim Coverage	Endorsement	L 1503 09 03
Leasing Concerns – Lessors Contingent Liability Coverage	Endorsement	L 1504 09 03
Leasing Concerns – Contingent - Physical Damage Coverage	Policy Language	L 1505 09 03
Trailer Interchange Coverage	Endorsement	L 2005 06 92

State National Insurance Company
Commercial Auto Liability

Forms List - Arkansas

Title	Type	Form Number
COUNTERSIGNATURE ENDORSEMENT	Endorsement	L 2007 08 95
Named Insured Continuation Endorsement	Endorsement	L 6002 02 92
Change Endorsement #	Endorsement	L 6023 09 01
Premium Payment Notice	Endorsement	L 6055 01 94
Exclusion Of Driver Endorsement	Endorsement	L 6062 11 95
LIABILITY DEDUCTIBLE CLAIMS SECURITY AGREEMENT	Endorsement	L 6089 03 04
LIABILITY DEDUCTIBLE CLAIMS SECURITY AGREEMENT - SPECIFIED DRIVER	Endorsement	L 6097 03 07
Couriers – Special Provisions	Endorsement	LCA 01 00 04 03
BUSINESS AUTO POLICY DECLARATIONS	Declarations	LGCA CI01 09 03
AUTOMOBILE-OWNER ONLY LEASED VEHICLE EXCESS LIABILITY DECLARATIONS FOLLOW FORM	Declarations	LGCA EX01 09 03
Schedule Of Covered Autos You Own	Schedule	LGIC CA SCHED 09 03
Schedule Of Location Changes	Schedule	LOC-CHNGS (01/97)
Schedule Of Locations	Schedule	LOC-SCHED (01/97)
Schedule Of Loss Payee(S)	Schedule	LOSS-PAYEE (01/97)
Signature Page	Other	L-SIG01 10 06
Automobile Excess Rental Liability Policy	Policy Language	LSLI 0002 12 03
Automobile Excess Rental Liability Supplemental Policy Declarations	Declarations	LSLI DS00 11 03
AUTOMOBILE EXCESS RENTAL LIABILITY SUPPLEMENTAL POLICY DECLARATIONS	Declarations	LSLI DS01 11 03
Endorsement	Endorsement	MAN-AU 01 02
Endorsement For Motor Carrier Policies Of Insurance For Public Liability Under Sections 29 And 30 Of The Motor Carrier Act Of 1980	Endorsement	MCS-90 04 00 (OMB 2126-0008)
Endorsement For Motor Carrier Policies Of Insurance For Public Liability Under Section 18 Of The Bus Regulatory Reform Act Of 1982	Endorsement	MCS-90B 04 00 (OMB 2126-0008)
Schedule Of Named Insured(S)	Schedule	NI-SCHED (01/97)
NON-TRUCKING LIABILITY POLICY DECLARATIONS	Declarations	NTL 0004 07 01
Business Auto Non-Trucking Liability Coverage Form	Policy Language	NTL 1002 02 96
NON-TRUCKING PACKAGE DECLARATIONS	Declarations	NTP 0005 07 01
Endorsement For Motor Carrier Policies Of Insurance For Automobile Bodily Injury And Property Damage Liability Under Section 10927, Title 49 Of The United States Code	Endorsement	OMB 3120 0086 (Form B.M.C. 90 Rev. 1982)
TRUCKERS POLICY DECLARATIONS	Declarations	PAP 0002 07 01
PRIMARY AUTO PACKAGE DECLARATIONS	Declarations	PAP 0002 08 01
BUSINESS AUTO POLICY DECLARATIONS	Declarations	PAP 0003 07 01
Truckers Coverage Part Declarations	Declarations	PAP 0004 07 01
Business Auto Coverage Part Declarations	Declarations	PAP 0005 07 01
Schedule Of Taxes, Surcharges Or Fees Changes	Schedule	TAX-CHNGS (01/97)
Schedule Of Taxes, Surcharges Or Fees	Schedule	TAX-FORM (01/ 97)
Truckers Declarations	Declarations	TR- DEC C/W 03 06

**STATE NATIONAL INSURANCE COMPANY
COMMERCIAL AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE**

THE LG PROGRAM

Arkansas

FILING MEMORANDUM

On behalf of State National Insurance Company ("the Company"), we are filing to introduce a new "The LG Program" in your jurisdiction under the commercial automobile lines of insurance. The rates, rules, and policy language for this program will be based on all currently approved Insurance Services Office ("ISO") loss costs, rules, and forms, including ISO filing numbers CA-2006-BRLA1, CA-2006-RZR1, and CA-2003-IALL1 for commercial automobile liability and physical damage coverages, as well as the loss cost multipliers filed herein. The Company will use the currently approved ISO loss costs, rules, rating plans, and forms, subject to the exception pages, amendatory endorsements, and any independent loss costs, rules, or endorsements filed for this program. The Company is a subscriber to ISO.

Exhibits R1 through R12 display support for the selected expense and profit provisions that are included in the calculation of the loss cost multipliers.



February 1, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

**Re: Letter of Filing Authorization
State National Insurance Company, Inc.
Commercial Auto
Initial Form Filing**

Dear Ladies/Gentlemen:

This letter will certify that Perr & Knight, Inc. has been given full authorization to submit the captioned filing on behalf of State National Insurance Company, Inc. This authorization extends to all correspondence related to the referenced filing only. It does not apply to any subsequent filings made after the approval of the referenced filing.

Please direct all correspondence in relation to this filing directly to Kyle Hales, ACAS, MAAA, Consulting Actuary, Perr & Knight, Inc., 1200 N. Federal Highway, Suite 309, Boca Raton, Florida 33432. Should you have any questions concerning this filing, please contact Mr. Hales at 561-416-3992 or by email at khailes@perrknight.com.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Cleff", is written over a horizontal line.

David M. Cleff
Senior Vice President and General Counsel

Cc: File (Avalon)